HMO Services in Other Languages:

A Portrait of California Health Plans and Linguistic Services for Limited English Proficient Members

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Executive Summary

California is a very diverse state, and the population enrolled in its health maintenance organizations (HMOs) reflects this diversity. HMOs are faced not only with the challenge of providing appropriate health care services to members, but also providing services to enable access to care for limited English proficient (LEP) members. This report presents findings from the Office of the Patient Advocate (OPA) *Cultural and Linguistic Services Information for Health Plans Survey 2002*; discusses the implications for California consumers; and provides programmatic and policy recommendations.

Survey

In 2002, OPA developed a survey with input from the OPA Cultural & Linguistic Services Work Group. The survey was sent to 20 full-service health plans in California, including nine of the largest commercial health plans as well as 11 Medi-Cal local initiatives and their plan partners. The survey contained five main topic areas including the availability of telephone interpreter services, face-to-face interpreters, bilingual providers, translated written materials, and the monitoring of grievances related to language and cultural barriers. The information collected was voluntarily self-reported. A 100% response rate was obtained. Although there were a total of 47 full-service health plans in the State, the 20 plans that participated in the survey accounted for over 90% of all HMO enrollees across four lines of business: commercial, Medi-Cal, Healthy Families, and Medicare.¹

Key Findings

All plans reported that they have telephone interpreters available for LEP members at no cost and have bilingual staff members who speak a language other than English. Across all lines of business, 85% of plans reported that they contract for language line services. Eighty percent of plans reported that they offer telephone interpreters at medical points of contact. Similarly, 80% offer access to face-to-face interpreters for some, but not necessarily all, LEP members at medical points of contact. Ninety percent of those plans that offer face-to-face interpreter services reported that they do so at no cost to the member.

All plans reported that they translate member materials into non-English languages. Across all lines of business, 90% of plans reported that translated member materials are available to LEP members upon enrollment for at least one line of business. Ninety-five percent of plans reported that they have a provider directory that specifies non-English languages of their doctors, and 85% reported that they offer the provider directory in the plan's threshold languages for at least one line of business.²

Although many health plans provide linguistic services for their members, there is variability in how members are informed about available services as well as how they are informed about how to access services. Many HMOs provide certain interpreter and translation services for their

¹ California Statewide Enrollment by Health Plan for the Month of March 2002. Cattaneo & Stroud, Inc.

² Threshold languages are the primary non-English languages spoken by population groups meeting a numeric threshold as defined by State and Federal regulators for use in translating written materials.

Medi-Cal, Medicare, and Healthy Families members to meet federal and state contract requirements, but do not routinely offer the same services to their commercial members, who are not covered by these requirements.

Recommendations

In order to improve the provision of linguistic access services, health plans should:

- 1. provide the same linguistic services to all members regardless of type of coverage or line of business;
- 2. assess member language needs and tailor linguistic services to those needs;
- 3. adopt standardized procedures for how members obtain interpreter services;
- 4. develop standardized processes for informing members about how to obtain translated written materials.
- 5. uniformly evaluate the language proficiency of providers and bilingual staff.

Conclusion

California's delegated model and the different types of coverage of members contribute to the complexity of the state's managed health care system. This is particularly evident in the provision of linguistic services for LEP members. Survey findings illustrate that some linguistic services are the responsibility of the health plan while others may be shared or delegated to a contractor. Additionally, the linguistic services offered may vary based on the member's type of coverage. The report recommendations to standardize processes for providing linguistic services to members, regardless of type of coverage, begin to address the potential confusion that may unnecessarily limit access to entitled benefits.

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³ A contractor may include a delegated medical group, independent practice association (IPA), individual provider or in the case of the local initiatives, a health plan partner.

1. Introduction

California is a very diverse state, and the population enrolled in health maintenance organizations (HMOs) reflects this diversity. In fact, 41% percent of the state's approximately 18 million HMO members are non-white. Latinos account for 19% of total HMO enrollment, followed by Asians (12%), African Americans (7%), and Native American and other (3%). More than one-third of California's HMO population communicates in a language in addition to or other than English at home and 4% do not speak English very well or at all.⁴

HMOs are faced not only with the challenge of providing appropriate health care services to members, but also providing services to facilitate access to care for limited English proficient (LEP) members. Appropriate delivery of health care services depends greatly on effective communication between the member and their health care provider or health plan representative. This communication may occur at many different points of contact between the member and the HMO, e.g., when the member calls the plan; when the member visits the treating physician; or when the member receives written materials from the health plan.

The ability of health plans to deliver services to their LEP members is explored in this report through findings from the OPA *Cultural and Linguistic Services Information for Health Plans Survey 2002.* A discussion of the implications of these findings for California consumers, as well as programmatic and policy recommendations are also presented.

2. Background and History

The Office of the Patient Advocate (OPA) is an independent office under the Business, Transportation and Housing Agency charged with providing information and advice to California HMO enrollees regarding how best to access services from their health plan. The managed care system is inherently complex, and this is certainly the case for the provision of linguistic services. For this reason, OPA has examined the linguistic services that health plans provide to limited English proficient (LEP) members.

Year 1 (FY 2000-01)

In the Fall of 2000, OPA began meeting informally with a group of consumer advocates with a focus on cultural and linguistic issues. This informal group, consisting of various state advocacy groups, developed a list of questions to be included in a letter sent out to all Knox-Keene licensed health plans in February 2001. The intent of the letter was to obtain baseline information about the status of cultural and linguistic services that health plans offer their members.

⁴ GF Kominski, PL Davidson, CL Keeler, N Razack, LM Becerra, R Sen, *Profile of California's HMO Enrollees: Findings from the 2001 California Health Interview Survey.* UCLA Center for Health Policy Research, 2003.

OPA received a total of 67 (out of 109) responses to this request for information. Because the questions in the letter were open-ended, responses varied in detail and length, ranging from one page to a three-inch notebook, including brochures.

At the same time, OPA was moving to develop its first statutorily-mandated, annual report card on HMO quality using HEDIS clinical data and CAHPS patient satisfaction data. In June 2001, a consensus was reached (in response to recommendations from consumer advocates) that OPA would also move forward to include cultural and linguistic information on the 2001 California HMO Report Card. Health plans were recontacted and asked to confirm responses to a shortened series of questions specific to five indicator areas that would be used on the Report Card:

- Telephone Interpretation Services
- Access to Face-to-Face Interpreters
- Bilingual Provider Directory
- Non-English Print Materials
- Language Barrier Complaint Monitoring

The Year 1 Report Card, released in September 2001, included plan responses in these areas in a Yes/No format. Information provided was intended to let the Report Card users know if a service was available from the health plan. Some health plans chose to respond "Not Reported" when they were unable to answer with a simple "yes/no" response.

Year 2 (FY 2001-02)

At the end of calendar year 2001, OPA decided to formalize the activities of consumer advocates and health plans in preparation for the Year 2 Report Card. In January 2002, the Cultural & Linguistic Services Work Group was created via a nomination and recruitment process. The Work Group represented various stakeholder groups (including consumer advocates, health plans, government agencies, and academic researchers) and provided expertise and advice to OPA regarding the cultural and linguistic services provided by California's health plans to individuals with limited English-speaking ability. It provided assistance and advice on how to describe and evaluate the extent and quality of these services and to assure health care access for this population.

One primary goal of the Year 2 Report Card was to incorporate a number of incremental improvements from Year 1 based on focus group findings, as well as recommendations from stakeholders. The survey for Year 2 would contain the same indicators as the Year 1 Report Card.

3. Survey

In January 2002, OPA reviewed the indicators from Year 1 to develop the Year 2 Cultural and Linguistic survey. Also at that time, the Cultural & Linguistics Services Work Group convened to provide input on survey design. The Work Group requested that the data

collected be reported to consumers by line of business. The survey questions were then developed with this goal in mind. Data collected included information on the following:

- Telephone Interpretation Services: This section collected information on access to telephone interpreters for limited English proficient (LEP) members; whether telephone interpreter services are provided free of charge; how members are informed about accessing the services; how members receive telephone interpretation services at medical points of contact; and whether the member is discouraged from using family or friends to serve as interpreters. Additional information was collected about whom an LEP enrollee speaks to when calling the plan and how the proficiency of language skill is assured if bilingual health plan staff speak directly to the member.
- Access to Face-to-Face Interpreters: This section collected information on access to face-to-face interpreters for both limited English proficient (LEP) members as well as hearing-impaired members; whether face-to-face interpreter services are provided free of charge; how members are informed about accessing the services; how members receive face-to-face interpretation at medical points of contact; and whether the member is discouraged from using family or friends to serve as interpreters. Additional information was collected on how the proficiency of language skill is assured if bilingual health plan staff provide interpretation services.
- **List of Bilingual Providers**: This section collected information on whether the plan offers a provider directory that specifies non-English languages spoken by the provider; if the provider directory is offered in the plan's threshold languages; how members are informed about obtaining a provider directory in their language; whether the plan assesses provider language proficiency; and if the plan has procedures in place to monitor its non-English speaking member population and to adjust or target provider contracting accordingly.
- Written Materials in Languages Other than English: This section collected information on whether member-informing documents (member handbook or evidence of coverage, member newsletter, member satisfaction surveys, grievance/complaint process materials, welcome letter, preventive health care reminders, other) are available in the plan's threshold languages; how members are informed that these materials are available; and where to access them.
- Monitoring of Grievances Related to Language and Cultural Barriers: This section collected information on whether the plan monitors grievances/complaints specific to language barrier problems; how language barrier grievances/complaints are tracked; whether the plan monitors grievances/complaints specific to cultural barriers; how cultural barrier grievances/complaints are tracked; and how members are informed in threshold languages about how to file a grievance/complaint.

The initial draft of the survey was developed, and there was a public comment period. The survey was revised and again went through extensive comment and revisions in April 2002. The survey instrument was then pilot tested with two health plans prior to general release.

The survey was finalized in May 2002. Appendix I provides a copy of the *Cultural and Linguistic Services Information for Health Plans Survey 2002*.

Survey Implementation

The survey was distributed to 21 health plans in May 2002. Ten were the commercial health plans on the Year 1 Report Card that participated in the California Cooperative Healthcare Reporting Initiative (CCHRI). Additionally, per the recommendation of the Work Group, Medi-Cal local initiatives were invited to participate. Local initiatives are the non-profit public entity health plans that are contracted to provide services to Medi-Cal and Healthy Families enrollees.⁵ A letter requesting participation in the Cultural and Linguistic survey was sent to health plan CEOs and a copy was emailed to key contacts in the health plan in May of 2002. Responses were provided voluntarily by the health plans.

OPA Cultural & Linguistic Ser	EXHIBIT 1 cicipating Health I rvices Information ding Lines of Bus	n for Health P	lans Survey	2002
PLAN	Commercial	Medi-Cal	Healthy Families	Medicare
1. Aetna US Healthcare of California	/			✓
2. Blue Cross of California	✓	1	1	✓
3. Blue Shield of California	✓		✓	✓
4. CIGNA Healthcare of California	✓			
5. Health Net of California	✓	✓	✓	✓
6. Kaiser Permanente	✓	✓	1	✓
7. PacifiCare of California	✓			✓
8. Universal Care	✓	✓	✓	✓
9. Western Health Advantage	✓	✓		✓
Local Initiatives:				
10. Alameda Health Alliance	✓	✓	/	
11. Care 1st Health Plan		✓	✓	
12. Community Health Plan	✓	✓	✓	
13. Contra Costa Health Plan	✓	✓	✓	✓
14. Health Plan of San Joaquin		✓	✓	
15. Inland Empire Health Plan		✓	1	
16. Kern Family Health Care		1	1	
17. L. A. Care Health Plan		1	1	
18. Molina Healthcare		1	✓	
19. San Francisco Health Plan		1	1	
20. Santa Clara Health Plan		✓	✓	

⁵ Local Health Plans of California Website. 2002, http://www.lhpc.org/Site%20Directory.htm.

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A survey response rate of 100% was obtained. Subsequently, one health plan went out of business during the study and was therefore excluded from the final analysis and reporting. The remaining twenty participating plans are listed in Exhibit 1. Of the twenty health plans, 12 have commercial lines of business, 16 have Medi-Cal and Healthy Families lines of business, and nine have Medicare lines of business.⁶ Across all lines of business, the participating health plans accounted for over 90% of HMO enrollees in the state.⁷ Exhibit 2 presents a breakdown of participating health plan enrollment statistics by line of business.

Percentage of Statewic	EXHIBIT 2 de Plan Enrollment Included i (By Line of Bus	n the Cultural & Linguistic	Services Survey
Line of Business	Statewide Enrollment of All Plans	Plan Enrollment of Survey Participants	Percent
Commercial	12,951,017	12,499,334	97%
Medi-Cal	3,066,058	2,384,001	78%
Healthy Families	521,049	459,081	88%
Medicare	1,432,259	1,332,159	93%
Statewide Total	17,970,383	16,674,575	93%

Source: California Statewide Enrollment by Health Plan and Lines of Business for the Month of March 2002. Cattaneo & Stroud, Inc.

Survey Data Analysis

Survey data were analyzed using the Statistical Package for the Social Sciences (SPSS). As the data collected were descriptive in nature, they were considered informational as opposed to evaluative. The responses provided information regarding language availability, how to access services, and collected the information by type of coverage (line of business). The data were subject to a verification process where health plans received a copy of their own data for review. Plans were then able to revise information where appropriate.

Data Limitations

In collecting information from plans by line of business, results were complicated for a number of reasons.

• The data illustrated that plans sometimes had multiple responses to certain questions. This appeared to be because not all responses were mutually exclusive, e.g. where only the plan is responsible for a particular service. In many cases, the plans reported that both the plan and the plan contractor provide linguistic services.

⁶ A health plan may offer more than one line of business which can include commercial, Medi-Cal, Healthy Families, and/or Medicare.

⁷ California Statewide Enrollment by Health Plan for the Month of March 2002. Cattaneo & Stroud, Inc.

- Many survey questions ended with the phrase, "Check all that Apply." The data tables in Appendix II record all responses given by a plan for each question.
- Many health plans had written comments for questions either responding to the phrase, "Other, specify" or additional comments to provide further information or explanation where they felt it was appropriate. All "Other, specify" comments and "additional comments" are also recorded in Appendix II in the endnotes for each section.

4. Overall Findings

In general, the data indicate that many health plans are working to ensure appropriate linguistic services for their members. All health plans offer interpreter services and translated written materials. Most health plans offer a provider directory that lists the non-English languages spoken by contracted providers. Many plans also translate this directory into non-English languages for LEP members.

There appears, however, to be an inherent complexity in the provision of linguistic services for LEP members. First, there is the delegated model, where delivery of services is often the responsibility of the medical group, IPA or contracted provider, or in the case of the some local initiatives, a health plan partner. Additionally, the data indicate that there may be a distinction in provision of services based on the member's type of coverage. This means that not only may members not necessarily know how and where to obtain services, but that they may be informed differently by the health plan depending on their insurance type.

5. Member Language Information

Member's Preferred Language

Eighteen out of 20 (90%) of plans report that they capture a member's preferred language upon enrollment in the plan for at least one line of business. However, all across lines of business, only ten percent report that they are exclusively responsible to ensure that the member's primary language is documented in their medical records. Twenty percent report both the plan and their delegated medical group, independent practice association (IPA) or individual provider may be responsible. Seventy percent of plans report that they shift this responsibility to their delegated contractor.

TABLE 1 Number of Plans that Capture Members' Preferred Languages at Enrollment (By Line of Business)						
Line of Business (LOB)	Number of Plans Reporting LOB	Number of Plans Capturing Languages	Percent			
Commercial	12	6	50%			
Medi-Cal	16	16	100%			
Healthy Families	16	16	100%			
Medicare	9	6	67%			

TABLE 2 Who Is Responsible to Ensure a Member's Language Is in the Medical Record? (Number of Plans By Line of Business)					
	Commercial (n=12)	Medi-Cal (n=16)	Healthy Families (n=16)	Medicare (n=9)	
Plan	1	6	6	2	
Contractor*	10	10	9	7	
Not Reported	1	0	1	0	

^{*} A contractor may include a delegated medical group, an independent practice association, an individual provider, or in the case of a local initiative, a health plan partner.

Predominant Non-English Languages

Plans were asked to report on the "predominant" language of non-English speaking members. For the survey, the term *predominant* was defined as at least *three percent of the member base of the health plan*. All health plans with Medi-Cal and Healthy Families lines of business reported Spanish as a predominant non-English language of those members. Approximately 83% of plans with a commercial line of business and 90% with a Medicare line of business reported Spanish as a predominant non-English language of those members. Approximately 40% of plans with Medi-Cal and Healthy Families lines of business; 25% of plans with a commercial line of business; and 33% of plans with a Medicare line of business reported Chinese as a predominant language.

TABLE 3 Number of Plans Reporting a Predominant Non-English Language (By Line of Business)				
	Commercial (n=12)	Medi-Cal (n=16)	Healthy Families (n=16)	Medicare (n=9)
Spanish Chinese	10 3	16 6	16 6	8 3

Monitoring Non-English Speaking Membership

Across all lines of business, 17 out of 20 (85%) of plans reported that they have a procedure in place to monitor their non-English speaking member population and to adjust or target provider contracting accordingly.

TABLE 4 Number of Plans that Monitor Languages of Non-English Speaking Membership (By Line of Business)						
Line of Business (LOB)	Number of Plans Reporting LOB	Number of Plans Monitoring Languages	Percent			
Commercial	12	9	75%			
Medi-Cal	16	13	81%			
Healthy Families	16	13	81%			
Medicare	9	6	67%			

6. Language Proficiency Evaluation

Individual Providers

Across all lines of business, four out of 20 (20%) of health plans reported that they evaluate provider language proficiency using a standardized measure. Approximately 60% reported that they assess provider language proficiency via self-report by the provider. Fifteen percent of plans reported no evaluation process. Five percent reported another method of evaluation was used.

Health Plan Staff

Bilingual Staff as Telephone Interpreters

Across all lines of business, 85% of health plans reported that they evaluate bilingual staff language proficiency. Ten percent reported that they assess bilingual staff language proficiency via self-report by the staff person. Five percent of plans reported no evaluation process.

Bilingual Staff as Face-to-Face Interpreters

Across all lines of business, 55% of health plans reported they evaluate bilingual staff language proficiency. Ten percent reported that they assess bilingual staff language proficiency via self-report by the staff person. Five percent of plans reported no evaluation process. Twenty percent of plans reported bilingual staff are not typically used as face-to-face interpreters. Ten percent of plans reported a "not applicable" response.

Staff as Sign Language Interpreters

Across all lines of business, five percent of health plans reported they evaluate sign language proficiency of their staff. Five percent of plans reported no evaluation process. Ninety-five percent of plans reported that staff are not used as sign language interpreters.

7. Telephone Interpreters

Across all lines of business, all health plans reported that they have telephone interpreter services available for members upon calling the plan. All health plans also reported that they have staff that speak a language other than English. Additionally, a majority of plans contracted for language line services provided by a company of telephone interpreters that speak with members when an appropriate bilingual staff member is not available. A breakdown of languages spoken by health plan staff is included in Appendix II, Section II. Eighty percent of plans reported that they have telephone interpreters available at medical points of contact, i.e., for physician and non-physician provider office visits, including physical therapists, nurse practitioners, and radiology/laboratory technicians. Across all lines of business, all plans reported that telephone interpreter services are available at no cost.

TABLE 5 Telephone Interpreter Services at Medical Points of Contact (MPoCs) (Number of Plans By Line of Business)						
Line of Business (LOB)	Number of Plans Reporting LOB	Number of Plans Providing Telephone Interpretation @ MPoCs	Percent			
Commercial	12	8	67%			
Medi-Cal	16	14	88%			
Healthy Families	16	14	88%			
Medicare	9	7	78%			

Who Arranges and Pays for Telephone Interpreter Services

Across all lines of business, 13 out of 20 (65%) of plans reported that they arrange and pay for telephone interpreter services for at least one line of business. However, six out of 20 (30%) of plans reported that their delegated medical group, IPA, or individual provider exclusively arranges and pays for telephone interpreter services for some, but not necessarily all, LEP members. Five percent of plans reported that their commercial members are responsible to arrange for their own telephone interpreter services.

TABLE 6 Who Arranges and Pays for Telephone Interpreter Services? (Number of Plans By Line of Business)					
	Commercial (n=12)	Medi-Cal (n=16)	Healthy Families (n=16)	Medicare (n=9)	
Plan	4	11	12	4	
Contractor*	3	5	4	2	
Member	3	0	0	1	
Not Reported	2	0	0	2	

^{*} A contractor may include a delegated medical group, an independent practice association, an individual provider, or in the case of a local initiative, a health plan partner.

Discouraging Members from Using Friends and Family as Telephone Interpreters

This issue is important as many LEP members may not be aware that they have the right to a telephone interpreter. LEP members may be tempted to bring a friend or family member with them to a medical appointment to act as an interpreter. However, often that individual is not able to translate medical information correctly or there is private information involved.

Very few plans reported that the member is responsible to arrange for their own telephone interpreter. However, for those plans that reported the member is responsible to arrange for their own telephone interpreter (see Table 6), one of three commercial plans reported that the member is expressly discouraged from using friends or family members to serve as interpreters.

How Members Are Informed about Accessing Telephone Interpreter Services

Members are informed about accessing telephone interpreter services in different ways. Across all lines of business, 45% of health plans reported the use of posters to inform members of telephone interpreter services. Seventy percent of plans reported using member newsletters to inform members. Ninety-five percent of health plans reported that the member handbook/evidence of coverage contains information for members to obtain telephone interpreter services. Forty percent of health plans reported reference to telephone interpreters on the plan website. Additionally, 60% of plans reported other methods to inform members about interpreter services.

	TAE m Members abounders of Plans E			vices
	Commercial (n=12)	Medi-Cal (n=16)	Healthy Families (n=16)	Medicare (n=9)
Posters	5	9	8	4
Member Newsletter	5	13	13	2
Evidence of Coverage	7	16	15	7
Website	3	5	6	2
Other	5	10	11	3

Note: Health plans utilize multiple strategies to communicate with members. In this table, each cell represents the number of plans reporting a particular strategy for that line of business.

8. Face-to-Face Interpreters

Across all lines of business, 80% of health plans surveyed reported that they have access to face-to-face interpreters available for at least one line of business at medical points of contact. Also, 80% of all plans report that face-to-face interpreter services are available at no cost for some, but not necessarily all, LEP members.

Face-to-Fac	e Interpreter Services a	BLE 8 It Medical Points of Contact (I By Line of Business)	MPoCs)
Line of Business (LOB)	Number of Plans Reporting LOB	Number of Plans Providing Face-to-Face Interpretation @ MPoCs	Percent
Commercial	12	8	67%
Medi-Cal	16	13	81%
Healthy Families	16	13	81%
Medicare	9	7	78%

Face	-to-Face Interpreter Se	BLE 9 rvices at No Cost to Membe By Line of Business)	r
Line of Business (LOB)	Number of Plans Reporting LOB	Number of Plans Providing Face-to Face Interpreter @ No Cost	Percent
Commercial	12	8	67%
Medi-Cal	16	15	94%
Healthy Families	16	15	94%
Medicare	9	7	78%

Who Arranges and Pays for Face-to-Face Interpreter Services

Across all lines of business, 13 out of 20 (65%) of plans reported that they arrange and pay for face-to-face interpreter services for at least one line of business. However, 30% reported that their delegated medical group, IPA, or individual provider exclusively arranges and pays for face-to-face interpreter services for some LEP members. Five percent of plans reported that they provide access information to commercial members who are responsible to arrange for their own face-to-face interpreter services.

Who A	Arranges and Pays (Number of		Face Interprete e of Business)	r Services?
	Commercial (n=12)	Medi-Cal (n=16)	Healthy Families (n=16)	Medicare (n=9)
Plan	4	10	12	4
Contractor*	4	6	4	4
Member	2	0	0	0
Not Reported	2	0	0	1

^{*} A contractor may include a delegated medical group, an independent practice association, an individual provider, or in the case of a local initiative, a health plan partner.

Discouraging Members from Using Friends and Family as Face-to-Face Interpreters

As discussed, this issue is important to ensure precise and confidential communication between the provider and the patient. Many LEP members may not be aware that they have the right to request a face-to-face interpreter. Very few plans reported that the member is responsible to arrange for their own face-to-face interpreter. However, for those plans that report the member is responsible to arrange for their own face-to-face interpreter (see Table 10), one of two commercial plans reported that the member is expressly discouraged from using friends or family members to serve as interpreters.

How Members Are Informed about Accessing Face-to-Face Interpreter Services

Members are informed about accessing face-to-face interpreter services in different ways. Across all lines of business, 40% of health plans reported the use of posters to inform members of telephone interpreter services. Fifty percent of plans reported using member newsletters to inform members. Eighty percent of health plans reported that the member handbook/evidence of coverage contains information for members to obtain telephone interpreter services. Twenty-five percent of health plans reported reference to telephone interpreters on the plan website. Additionally, 55% of plans reported other methods to inform members about interpreter services.

How Plans Inform (N			•	ervices
	Commercial (n=12)	Medi-Cal (n=16)	Healthy Families (n=16)	Medicare (n=9)
Posters	4	8	7	3
Member Newsletter	2	10	10	1
Evidence of Coverage	3	16	15	4
Website	2	5	4	1
Other	5	7	8	4

9. American Sign Language Interpreters

Across all lines of business, 17 out of 20 (85%) percent of health plans surveyed reported that they offer access to sign language interpreters for some, but not necessarily all, hearing impaired members at medical points of contact. Also, across all lines of business, all plans reported that sign language interpreter services are available at no cost for at least one line of business.

Sign Languag	TABL e Interpreter Services a (Number of Plans B	t Medical Points of Contact (I	MPoCs)
Line of Business (LOB)	Number of Plans Reporting LOB	Number of Plans Providing Sign Language Interpretation @ MPoCs	Percent
Commercial	12	8	67%
Medi-Cal	16	14	88%
Healthy Families	16	14	88%
Medicare	9	7	78%

Sign Langu	TABL lage Interpreter Service (Number of Plans B	es Provided at No Cost to Me	mber
Line of Business (LOB)	Number of Plans Reporting LOB	Number of Plans Providing Sign Language Interpreter @ No Cost	Percent
Commercial	12	9	75%
Medi-Cal	16	16	100%
Healthy Families	16	16	100%
Medicare	9	8	89%

Who Arranges and Pays for Sign Language Interpreter Services

Across all lines of business, 13 out of 20 (65%) of plans reported that they arrange and pay for sign language interpreter services for at least one line of business. However, 30% reported that their delegated medical group, IPA, or individual provider exclusively arranges and pays for sign language interpreter services for some, but not necessarily all, hearing impaired members. Five percent of plans reported a "not applicable" response.

Who Ar	ranges and Pays (Number of		uage Interprete e of Business)	er Services?
	Commercial (n=12)	Medi-Cal (n=16)	Healthy Families (n=16)	Medicare (n=9)
Plan	5	9	11	4
Contractor*	4	6	4	4
Member	1	0	0	0
Not Reported	2	0	0	0
Not Applicable	0	1	1	1

^{*} A contractor may include a delegated medical group, an independent practice association, an individual provider, or in the case of a local initiative, a health plan partner.

Discouraging Members from Using Friends and Family as Sign Language Interpreters

As discussed, this issue is important to ensure precise and confidential communication between the provider and the patient. Very few plans reported that the member is responsible to arrange for their own sign language interpreter. However, for the one plan that reported the member is responsible to arrange for their own sign language interpreter (see Table 14), the plan also reported that the member is expressly discouraged from using friends or family members to serve as sign-language interpreters.

How Members Are Informed about Accessing Sign Language Interpreter Services

Members are informed about accessing sign language interpreter services in different ways. Across all lines of business, 45% of health plans reported the use of posters to inform members of sign language interpreter services. Fifty-five percent of plans reported using member newsletters to inform members. Eighty percent of health plans reported that the member handbook/evidence of coverage contains information for members to obtain sign language interpreter services. Thirty-five percent of health plans reported reference to sign language interpreters on the plan website. Additionally, 50% of plans reported other methods to inform members about sign language interpreter services.

How Plans Inform (Nเ	TABL Members about S Imber of Plans B	Sign Language		ervices
	Commercial (n=12)	Medi-Cal (n=16)	Healthy Families (n=16)	Medicare (n=9)
Posters	5	8	7	4
Member Newsletter	2	9	10	2
Evidence of Coverage	4	15	14	4
Website	2	6	5	1
Other	5	6	7	4

Note: Health plans utilize multiple strategies to communicate with members. In this table, each cell represents the number of plans reporting a particular strategy for that line of business.

10. List of Bilingual Providers

Availability of Provider Directory

Ninety-five percent of all plans reported that they have a provider directory that specifies non-English languages of their doctors, and 85% reported that they offer the provider directory in the plan's threshold languages for at least one line of business.

		TABLE 16 ilability for Pro Plans By Line	ovider Directori e of Business)	es
	Commercial (n=12)	Medi-Cal (n=16)	Healthy Families (n=16)	Medicare (n=9)
Armenian	1	3	0	0
Chinese	2	6	4	0
Farsi	0	0	0	0
Hmong	0	2	0	0
Khmer	0	4	1	0
Korean	0	0	0	0
Russian	1	5	0	0
Spanish	9	15	15	6
Vietnamese	0	8	2	0

Members are informed about obtaining a provider directory in different ways. Across all lines of business, 20 health plans reported that the provider directory is available to members by request only. No health plan reported the use of posters to inform members of the provider directory. Twenty percent of plans reported using member newsletters to inform members. Fifty-five percent of health plans reported that the member handbook/evidence of coverage contains information for members to obtain a provider directory. Additionally, 55% of plans reported other methods to inform members about the provider directory.

How Plans Inform (Nu	TABL m Members abou Imber of Plans B	ıt Obtaining a		ctory
	Commercial (n=12)	Medi-Cal (n=16)	Healthy Families (n=16)	Medicare (n=9)
By Request Only	4	3	3	3
Member Newsletter	2	3	3	0
Evidence of Coverage	3	10	9	1
Other	5	8	8	2

Note: Health plans utilize multiple strategies to communicate with members. In this table, each cell represents the number of plans reporting a particular strategy for that line of business.

11. Written Materials

Availability of Translated Written Materials

Translated written materials assist LEP members in accessing health plan services. Across all lines of business, 90% of plans reported that translated member materials are available to LEP members upon enrollment for at least one line of business. Twenty-five percent of plans

reported that translated member materials are available in specific languages upon member request only. Thirty-five percent of plans reported other methods.

TABLE 18 How Plans Inform Members about Obtaining Translated Written Materials (Number of Plans By Line of Business)					
	Healthy Commercial Medi-Cal Families Med (n=12) (n=16) (n=16) (n				
Upon Enrollment	9	15	15	6	
By Request Only	5	1	2	2	
Other	3	7	7	2	

Note: Health plans utilize multiple strategies to communicate with members. In this table, each cell represents the number of plans reporting a particular strategy for that line of business.

Languag	je Availability for E (Number of	TABLE 19 Evidence of Co f Plans By Line		ber Handbook	
	Commercial (n=12)	Medi-Cal (n=16)	Healthy Families (n=16)	Medicare (n=9)	
Armenian	1	5	0	0	
Chinese	2	9	5	0	
Farsi	0	1	0	0	
Hmong	0	5	2	0	
Khmer	0	5	0	0	
Korean	0	1	2	0	
Russian	1	8	0	0	
Spanish	10	16	16	6	
Vietnamese	0	11	3	0	

	Language Ava	TABLE 20 ilability for Me Plans By Line		ers		
	Commercial (n=12)	Medi-Cal (n=16)	Healthy Families (n=16)	Medicare (n=9)		
Armenian	0	3	1	0		
Chinese	1	6	5	0		
Farsi	0	0	0	0		
Hmong	0	1	1	0		
Khmer						
Korean	0	0	0	0		
Russian	0	5	1	0		
Spanish	6	15	15	2		
Vietnamese	1	7	5	0		

i	Language Availabil (Number of	TABLE 21 ity for Member Plans By Line		urveys
	Commercial (n=12)	Medi-Cal (n=16)	Healthy Families (n=16)	Medicare (n=9)
Armenian	0	4	1	0
Chinese	3	7	6	1
Farsi	0	1	0	0
Hmong	0	2	0	0
Khmer	0	4	0	0
Korean	0	0	1	0
Russian	1	6	2	0
Spanish	6	15	13	5
Vietnamese	2	7	5	0

Langu	uage Availability fo (Number of	TABLE 22 or Grievance/Co f Plans By Line		ss Materials
	Commercial (n=12)	Medi-Cal (n=16)	Healthy Families (n=16)	Medicare (n=9)
Armenian	1	4	0	0
Chinese	2	7	4	0
Farsi	0	1	0	0
Hmong	0	3	0	0
Khmer	0	4	0	0
Korean	0	1	1	0
Russian	0	6	0	0
Spanish	8	15	15	4
Vietnamese	1	8	3	0

		TABLE 23 ailability for We FPlans By Line	elcome Materia of Business)	ls	
	Commercial (n=12)	Medi-Cal (n=16)	Healthy Families (n=16)	Medicare (n=9)	
Armenian	0	3	0	0	
Chinese	3	7	4	1	
Farsi	0	0	0	0	
Hmong	0	2	0	0	
Khmer	0	3	0	0	
Korean	0	0	0	0	
Russian	1	6	1	0	
Spanish	7	14	14	5	
Vietnamese	0	8	2	0	

Lar	nguage Availability (Number of	TABLE 24 for Preventive Plans By Line		eminders
	Commercial (n=12)	Medi-Cal (n=16)	Healthy Families (n=16)	Medicare (n=9)
Armenian	0	1	0	0
Chinese	2	5	4	1
Farsi	0	0	0	0
Hmong	0	1	1	0
Khmer	0	1	0	0
Korean	0	0	0	0
Russian	0	3	2	0
Spanish	9	13	14	7
Vietnamese	1	6	5	0

12. Grievance/Complaint Process and Monitoring

Language Barrier Complaint Monitoring

Across all lines of business, all plans reported that they monitor grievances/complaints specific to language barrier problems for all LEP members. In fact, 95% of plans reported that they monitor language barrier grievances/complaints via tracking of these specific complaints for at least one line of business. Also, all plans reported that they monitor general complaints for the occurrence of language barrier complaints.

Additionally, 50% of plans reported that they monitor language barrier complaints using member satisfaction surveys, while 30% reported that they monitor language barrier complaints using provider or staff surveys. Five percent of plans reported other methods.

Cultural Barrier Complaint Monitoring

Across all lines of business, all plans reported that they monitor grievances/complaints specific to cultural barrier problems for all LEP members. In fact, 95% of plans reported that they monitor cultural barrier grievances/complaints via tracking of these specific complaints for at least one line of business. Also, 90% of plans reported that they monitor general complaints for the occurrence of cultural barrier complaints.

Additionally, 40% of plans reported that they monitor cultural barrier complaints using member satisfaction surveys, while 25% reported that they monitor language barrier complaints using provider or staff surveys. Five percent of plans reported other methods.

How Members Are Informed about the Grievance Process in Threshold Languages

Across all lines of business, 15% of plans reported that they inform members how to file a grievance/complaint using posters; 50% reported using member newsletters; 95% reported having this information available in the evidence of coverage; and 60% reported using other methods.

How Plans Inform Memb				ld Languages
	Commercial (n=12)	Medi-Cal (n=16)	Healthy Families (n=16)	Medicare (n=9)
Posters	1	3	2	0
Member Newsletter	4	9	9	2
Evidence of Coverage	9	16	16	8
Other	7	8	9	5

Note: Health plans utilize multiple strategies to communicate with members. In this table, each cell represents the number of plans reporting a particular strategy for that line of business.

13. Discussion and Recommendations

The voluntary participation of health plans in the survey process and the data findings show that many health plans are working toward and committed to providing linguistic services for their members. Nevertheless, there is room for continued improvement. Health plans should continue to strive to achieve appropriate linguistic services for all LEP members regardless of type of coverage. There is a business case to support this, and there are federal mandates for health plans that receive federal funds. But there is an even more compelling reason for health plans to do this. Simply, they are in the business of providing health care to members. By ensuring member access to appropriate linguistic services, health plans increase public accountability and may reduce inappropriate treatment, misdiagnosis, and unnecessary delay of needed medical care.

Recommendations

1. Health plans should provide the same linguistic access services to all members regardless of type of coverage.

There is no clear reason why plans make a distinction in provision of linguistic services based on the member's type of coverage other than what they are required to do by contract. It is clear that quality of care and service quality depend greatly on the ability of the member to communicate with their doctor or their health plan representative. Health plans should not discriminate based on type of coverage.

2. Health plans should be responsible to assess member language needs and tailor services to those needs.

Although health plans report that they collect and monitor member language information, these practices may not lead to a benefit for the member. Health plans should be responsible to know the preferred language of their members and to assure that the appropriate services are available at medical points of contact.

As noted, effective communication between a member and their treating physician or health plan representative is essential to render appropriate medical care. If this is not accomplished through a proficient bilingual provider or staff member, it may be achieved through an appropriate medical interpreter. All members should expect that their health plan will assist them in achieving effective communication.

3. Health plans should adopt standardized procedures for members to obtain interpreter services.

The findings indicate variability in how members are informed about interpreter services as well as how telephone and face-to-face interpreter services are provided to members by health plans or their delegated contractors. This lack of consistent processes would appear to contribute to potential confusion for members. All health plans should adopt standardized procedures to inform members about the availability of interpreter services as well as how to obtain them.

4. Health plans should develop standardized processes for informing members about how to obtain translated written materials - especially how to obtain a bilingual provider directory.

It is important for members to know how to access translated materials and where to obtain a provider directory. When asked in a focus group about cultural and linguistic services offered by health plans, Spanish speaking consumers in Los Angeles reported that one of the most important pieces of information that they would like from their health plan is a directory of bilingual providers with the specific language spoken by the doctor listed ⁸

5. Health plans should uniformly evaluate the language proficiency of providers and bilingual staff.

It is clear that while most plans evaluate bilingual staff using a standardized measure, the majority of plans rely on self-reports from their providers to assess language proficiency. Arguably, plans should take the same responsibility to assess both bilingual staff and providers. Additionally, if bilingual staff are providing interpreter services, ideally they should be evaluated for medical interpreter services, not simply linguistic proficiency.

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⁸ RAND and The Marketing Department. *Reporting Cultural and Linguistic Services Survey Results to Consumers*. 2002

Policy Implications

As discussed, at the present time, there is no explicit statutory requirement for cultural and linguistic services for health plans in California. Although there are contractual requirements stipulated by the Department of Health Services and Managed Risk Medical Insurance Board (MRMIB) in Medi-Cal and Healthy Families contracts as well as federal contract requirements for plans with Medicare contracts, there are currently no such requirements for plans with commercial lines of business or contracts.

The Department of Managed Health Care is the regulator for full service and specialty health plans in California. Its Division of Plan Surveys is responsible to assess Knox-Keene licensed health plans to ensure regulatory compliance with the Knox-Keene Act. The medical surveys conducted by this Division include a discussion of plan performance in the areas of health care accessibility, utilization management, quality improvement, grievance/appeal mechanisms, and overall plan performance in meeting enrollees' health care needs. These discussions sometimes incorporate matters related to LEP members, albeit in an indirect way. There is ongoing discussion among advocates and other stakeholders as to whether the current assessment of health plans is sufficient to fully address the needs of LEP members in California. The Department of Managed Health Care has recently adopted grievance process regulations that include specific requirements regarding the accessibility for LEP members. OPA will continue to work with the Cultural & Linguistic Services Work Group and the Department of Managed Health Care to improve and expand efforts in this area.

Conclusion

California's delegated model and the different types of coverage of members contribute to both the complexity of examining the provision of linguistic services of California health plans as well as presenting the information to consumers in a user-friendly format. Survey findings illustrate that some linguistic services are the responsibility of the health plan while others are delegated to health plan contractors. Additionally, the linguistic services offered may vary based on the member's type of coverage. The recommendations discussed here to standardize processes for informing members, regardless of type of coverage, begin to address the potential confusion that may unnecessarily limit access to entitled benefits.

Although descriptive information about linguistic services has some usefulness for consumers, future OPA efforts will focus on the development of relative performance quality measures for linguistic services. These measures will be incorporated in the annual HMO Quality Report Card. Development of quality measures to compare plans on the provision of linguistic services will enable HMO enrollees to compare plans in the same way they can with clinical and patient satisfaction measures. Additionally, the development of relative quality measures will contribute to the continued assessment of the provision of linguistic services. In this way, OPA can achieve its goal to improve and expand public accountability and access to health care for LEP consumers.

APPENDICES

HMO Services in Other Languages:

A Portrait of California Health Plans and Linguistic Services for Limited English Proficient Members

State of California Office of the Patient Advocate

Business, Transportation and Housing Agency

Ed Mendoza Acting Director Office of the Patient Advocate

Maria Contreras-Sweet
Secretary
Business, Transportation and Housing Agency

Gray Davis Governor State of California



Appendix I

Cultural and Linguistic Services Information for Health Plans Survey 2002



Cultural and Linguistic Services Information for Health Plans

Health Plan Name:				
Person/Department Completing	Survey:			
Lines of Business:				
□ Medi-Cal [Plan Name as ma	rketed]			
□ Healthy Families [Plan Nam	e as marketed]			
□ Medicare [Plan Name as ma	rketed]			
□ Commercial [Plan Name as a	marketed]			
	uages of Health Plan's Members:			
□ Armenian				
□ Farsi				
□ Hmong				
□ Khmer/Cambodian				
□ Korean				
□ Russian				
□ Spanish				
☐ Mandarin/Cantonese (Spoken)				
Traditional Chinese (Written)				
□ Vietnamese				
□ Other				

¹ For the purpose of this survey, the term 'predominant' is defined as 3 percent of the member base of the health plan.

Do you capture the member's preferred language upon enrollment in the plan
☐ Yes
\square All members \square Medi-Cal \square Healthy Families \square Medicare
☐ Commercial
□ No
Who is responsible to ensure that the member's primary language is documented in their medical records? Check all that apply.
☐ The Plan
□All members □Medi-Cal □Healthy Families □Medicare
□Commercial
☐ The delegated IPA
□All members □Medi-Cal □Healthy Families □Medicare
☐ Commercial
☐ The contracted provider
□All members □Medi-Cal □Healthy Families □Medicare
□Commercial
☐ Other, specify
□ Not documented

Telephone Interpreters For Members

1. Does the Plan provide access to telephone interpreters for limited English proficient (LEP) members? Check all that apply. ☐ Yes ☐ Upon calling health plan ☐ All members ☐ Medi-Cal ☐ Healthy Families ☐ Medicare ☐ Commercial At medical points of contact² □ All members □ Medi-Cal □ Healthy Families ☐ Medicare ☐ Commercial At physician office visits only □ All members □ Medi-Cal □ Healthy Families ☐ Medicare ☐ Commercial Other, specify_____ \square No 2. Are telephone interpreter services provided free for LEP members? ☐ Yes ☐ All members ☐ Medi-Cal ☐ Healthy Families ☐ Medicare □ Commercial

 $^{^2}$ For the purpose of this survey, medical points of contact include: scheduled office visits with physician and non-physician providers, including but not limited, to physical therapists, nurse practitioners, and radiology/laboratory technicians.

	□ No
3.	How are members informed about accessing telephone interpreter services? Check all that apply.
	☐ Posters
	□ All members □ Medi-Cal □ Healthy Families □ Medicare
	☐ Commercial
	☐ Member newsletter
	□ All members □ Medi-Cal □ Healthy Families □ Medicare
	☐ Commercial
	☐ Member handbook or evidence of coverage
	□ All members □ Medi-Cal □ Healthy Families □ Medicare
	☐ Commercial
	☐ Website
	□All members □Medi-Cal □Healthy Families □Medicare
	☐ Commercial
	☐ Other, specify
4.	How do members receive telephone interpretation services at medical points of contact? (As defined in Footnote 2) Check all that apply.
	☐ The Plan arranges and pays
	□All members □Medi-Cal □Healthy Families □Medicare
	☐ Commercial

respo	The Plan provides access information to members, who are nsible for arranging their own telephone interpretation services.
	□ All members □ Medi-Cal □ Healthy Families □ Medicare
	☐ Commercial
	The delegated IPA arranges and pays
	□ All members □ Medi-Cal □ Healthy Families □ Medicare
	☐ Commercial
□ are re	The delegated IPA provides access information to members, who sponsible for arranging their own telephone interpretation services.
	□ All members □ Medi-Cal □ Healthy Families □ Medicare
	☐ Commercial
	The contracted provider arranges and pays
	□ All members □ Medi-Cal □ Healthy Families □ Medicare
	☐ Commercial
who a	The contracted provider provides access information to members, are responsible for arranging their own face-to-face interpretation ees.
	□ All members □ Medi-Cal □ Healthy Families □ Medicare
	☐ Commercial
	mber is responsible for arranging for their own telephone is the member expressly discouraged from using friends or family

members to serve as interpreters?

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	Yes
	☐ All members ☐ Medi-Cal ☐ Healthy Families ☐ Medicare
	☐ Commercial
	No
	Other, specify
6.	calling the plan, an LEP enrollee will speak to: all that apply)
	Bilingual Staff
	□ Armenian □ Farsi □ Hmong □ Khmer/Cambodian □ Korean □ Russian □ Spanish □ Mandarin/Cantonese (spoken) □ Vietnamese □ Other
	Telephone interpretation (language line) company
	Other, specify
7.	ency of language skill assured? Check all that apply.
	Staff is evaluated for language proficiency
	Language proficiency is self-reported by staff
	No evaluation process
	Other, specify
	Bilingual staff is not used

Access to Face-to-Face Interpreters

1.	Does the Plan provide access to face-to-face interpreters for limited English proficient (LEP) members? Check all that apply.				
		Yes			
			At medical points of contact (As defined in Footnote 2)		
			□All members □Medi-Cal □Healthy Families		
			☐Medicare ☐Commercial		
			At physician office visits only		
			□ All members □ Medi-Cal □ Healthy Families		
			☐Medicare ☐Commercial		
		Other	, specify		
		No			
2.	Are fac	e-to-fa	ce interpreter services provided free for LEP members?		
		Yes			
			All members □Medi-Cal □Healthy Families □Medicare		
			Commercial		
		No			

3. How are members informed about accessing face-to-face interpreter services? Check all that apply.			
□ Posters			
□A11	members		
□Cor	nmercial		
☐ Member	newsletter		
□All	members		
□Cor	nmercial		
☐ Member	handbook or evidence of coverage		
□All	members		
□Cor	nmercial		
□Website			
□A11	members □Medi-Cal □Healthy Families □Medicare		
□Cor	nmercial		
☐ Other, s	pecify:		
4. How do member contact? Check all to	es receive face-to-face interpretation at medical points of hat apply.		
☐ The Pl	an arranges and pays		
□All	members □Medi-Cal □Healthy Families □Medicare		
□Cor	nmercial		
	an provides access information to members, who are or arranging their own face-to-face interpretation services.		
□A11	members		
□Cor	nmercial		

	The delegated IPA arranges and pays
	□All members □Medi-Cal □Healthy Families □Medicare
	□Commercial
are re	The delegated IPA provides access information to members, who sponsible for arranging their own face-to-face interpretation ees.
	□All members □Medi-Cal □Healthy Families □Medicare
	□ Commercial
	The contracted provider arranges and pays
	□All members □Medi-Cal □Healthy Families □Medicare
	□Commercial
□ who a service	The contracted provider provides access information to members, are responsible for arranging their own face-to-face interpretation res.
	□All members □Medi-Cal □Healthy Families □Medicare
	☐ Commercial
interpreter,	mber is responsible for arranging for their own face-to-face is the member expressly discouraged from using friends or family serve as interpreters?
	□ Yes
	☐ All members ☐ Medi-Cal ☐ Healthy Families
	☐Medicare ☐Commercial
	□ No

☐ Other, specify				
6. If bilingual health plan staff provide face-to-face interpretation, how is the proficiency of language skill assured?				
☐ Staff is evaluated for language proficiency				
☐ Language proficiency is self-reported by staff				
☐ No evaluation process				
☐ Other, specify				
☐ Bilingual staff are not used				
7. Does the Plan provide access to face-to-face sign language interpreters for hearing-impaired members? Check all that apply.				
☐ Yes				
☐ At medical points of contact (As defined in Footnote 2)				
□All members □Medi-Cal □Healthy Families				
☐Medicare ☐Commercial				
☐ At physician office visits only				
□ All members □ Medi-Cal □ Healthy Families				
☐Medicare ☐Commercial				
☐ Other, specify				
□ No				

	e-to-face sign language interpreter services provided free for npaired members?
	Yes
	□ All members □ Medi-Cal □ Healthy Families □ Medicare
	☐ Commercial
	No
	e hearing impaired members informed about accessing face-to-face age interpreter services? Check all that apply.
	Posters
	□ All members □ Medi-Cal □ Healthy Families □ Medicare
	☐ Commercial
	Member newsletter
	□All members □Medi-Cal □Healthy Families □Medicare
	□Commercial
	Member handbook or evidence of coverage
	□ All members □ Medi-Cal □ Healthy Families □ Medicare
	☐ Commercial
$\Box v$	Vebsite
	□ All members □ Medi-Cal □ Healthy Families □ Medicare
	☐ Commercial
	Other, specify

interpretation at medical points of contact? Check all that apply. The Plan arranges and pays □ All members □ Medi-Cal □ Healthy Families □ Medicare ☐ Commercial The Plan provides access information to members, who are responsible for arranging their own face-to-face sign language interpretation services. □All members □Medi-Cal □Healthy Families □Medicare ☐ Commercial The delegated IPA arranges and pays □ All members □ Medi-Cal □ Healthy Families □ Medicare □ Commercial The delegated IPA provides access information to members, who are responsible for arranging their own face-to-face sign language interpretation services. □ All members □ Medi-Cal □ Healthy Families □ Medicare □ Commercial The contracted provider arranges and pays □ All members □ Medi-Cal □ Healthy Families □ Medicare

10. How do hearing impaired members receive face-to-face sign language

☐ Commercial

•	vider provides access information to members, ranging their own face-to-face sign language
\square All members \square N	Medi-Cal □Healthy Families □Medicare
☐ Commercial	
-	e for arranging for their own face-to-face sign ober expressly discouraged from using friends onterpreters?
☐ Yes	
☐ All members ☐	\square Medi-Cal \square Healthy Families \square Medicare
☐ Commercial	
□ No	
☐ Other, specify	
12. If health plan staff provide fais the proficiency of sign language	face-to-face sign language interpretation, how ge skill assured?
☐ Staff is evaluated for sig	gn language proficiency
☐ Sign language proficien	ncy is self-reported by staff
☐ No evaluation process	
☐ Other, specify	
☐ Staff are not used	

Non-English Printed Materials

A.	1. Are member-informing documents provided to limited English
	proficient (LEP) members in Plan's threshold languages?3 Check all that
	apply.

Member	handbook	or evidence	of coverage
I ITTCITION			OI CO I CI CI

All members	Medi-Cal	Healthy Families	Medicare	Commercial
□ N/A	□ N/A	□ N/A	□ N/A	□ N/A
□ Armenian	□ Armenian	□ Armenian	□ Armenian	□ Armenian
□ Farsi	□ Farsi	□ Farsi	□ Farsi	□ Farsi
□ Hmong	□ Hmong	□ Hmong	□ Hmong	□ Hmong
□ Khmer	□ Khmer	□ Khmer	□ Khmer	□ Khmer
□ Korean	□ Korean	□ Korean	□ Korean	□ Korean
□ Russian	□ Russian	□ Russian	□ Russian	□ Russian
□ Spanish	□ Spanish	□ Spanish	□ Spanish	□ Spanish
□ Traditional	□ Traditional	□ Traditional	□ Traditional	□ Traditional
Chinese	Chinese	Chinese	Chinese	Chinese
□ Vietnamese	□ Vietnamese	□ Vietnamese	□ Vietnamese	□ Vietnamese
□ Other	□ Other	□ Other	□ Other	□ Other

³ **Threshold languages**, as defined by SDHS for **Medi-Cal Managed Care**, are the primary languages spoken by LEP population groups meeting a numeric threshold of 3,000 eligible LEP beneficiaries residing in a county, 1,000 eligible LEP beneficiaries residing in a single ZIP code, or 1,500 LEP beneficiaries residing in two contiguous Zip codes.

Threshold language, as defined by MRMIB for **Healthy Families**, is 5% or 3,000 members in a plan who speak a language other than English.

Threshold language, as defined by CMS for **Medicare**, is any language that is the primary language of more than 10% of the geographic area.

Currently, there is no definition of threshold language for **Commercial members**. For the purpose of this survey, please use the definition set by MRMIB for the Healthy Families program to respond for Commercial members.

☐ Member newsletter

All members	Medi-Cal	Healthy	Medicare	Commercial
		Families		
□ N/A				
□ Armenian				
□ Farsi				
□ Hmong				
□ Khmer				
□ Korean				
□ Russian				
□ Spanish				
□ Traditional				
Chinese	Chinese	Chinese	Chinese	Chinese
□ Vietnamese				
□ Other				

☐ Member satisfaction surveys

All members	Medi-Cal	Healthy	Medicare	Commercial	
		Families			
□ N/A					
□ Armenian					
□ Farsi					
□ Hmong					
□ Khmer					
□ Korean	□ Korean	□ Korean	□ Korean	□ Korean □ Russian	
□ Russian	□ Russian	□ Russian	□ Russian		
□ Spanish					
□ Traditional					
Chinese	Chinese	Chinese	Chinese	Chinese	
□ Vietnamese					
□ Other					

☐ Grievance/Complaint process materials

All members	Medi-Cal	Healthy	Medicare	Commercial	
		Families			
□ N/A					
□ Armenian					
□ Farsi					
□ Hmong					
□ Khmer					
□ Korean					
□ Russian					
□ Spanish					
□ Traditional					
Chinese	Chinese	Chinese	Chinese	Chinese	
□ Vietnamese					
□ Other	ther □ Other		□ Other	□ Other	

☐ Welcome letter

All members	Medi-Cal	Healthy	Medicare	Commercial	
		Families			
□ N/A	□ N/A	□ N/A	□ N/A	□ N/A	
□ Armenian	□ Armenian	□ Armenian	□ Armenian	□ Armenian	
□ Farsi	□ Farsi	□ Farsi	□ Farsi	□ Farsi	
□ Hmong	□ Hmong	□ Hmong	□ Hmong	□ Hmong	
□ Khmer	□ Khmer	□ Khmer	□ Khmer	□ Khmer	
□ Korean	□ Korean	□ Korean	□ Korean	□ Korean	
□ Russian	□ Russian	□ Russian	□ Russian	□ Russian	
□ Spanish	□ Spanish	□ Spanish	□ Spanish	□ Spanish	
□ Traditional	□ Traditional	□ Traditional	□ Traditional	□ Traditional	
Chinese	Chinese	Chinese	Chinese	Chinese	
□ Vietnamese	□ Vietnamese □ Vietnamese		□ Vietnamese □ Vietnamese		
□ Other	Other		□ Other	□ Other	

Preventive health care reminders

All members	ll members Medi-Cal		Medicare	Commercial
		Families		
□ N/A	□ N/A	□ N/A	□ N/A	□ N/A
□ Armenian	□ Armenian	□ Armenian	□ Armenian	□ Armenian
□ Farsi	□ Farsi	□ Farsi	□ Farsi	□ Farsi
□ Hmong	□ Hmong	□ Hmong	□ Hmong	□ Hmong
□ Khmer	□ Khmer	□ Khmer	□ Khmer	□ Khmer
□ Korean	□ Korean	□ Korean	□ Korean	□ Korean
□ Russian	□ Russian	□ Russian	□ Russian	□ Russian
□ Spanish	□ Spanish	□ Spanish	□ Spanish	□ Spanish
□ Traditional	□ Traditional	□ Traditional	□ Traditional	□ Traditional
Chinese	Chinese	Chinese Chinese		Chinese
□ Vietnamese	Vietnamese □ Vietnamese		□ Vietnamese □ Vietnamese	
□ Other	□ Other □ Other		□ Other	□ Other

☐ Other, speci	fy:						
All members	Medi-Cal	Healthy Families	Medicare	Commercial			
□ N/A	□ N/A	□ N/A	□ N/A	□ N/A			
□ Armenian	□ Armenian	□ Armenian	□ Armenian	□ Armenian			
□ Farsi	□ Farsi	□ Farsi	□ Farsi	□ Farsi			
□ Hmong	□ Hmong	□ Hmong	□ Hmong	□ Hmong			
□ Khmer	□ Khmer	□ Khmer	□ Khmer	□ Khmer			
□ Korean	□ Korean	□ Korean	□ Korean	□ Korean			
□ Russian	□ Russian	□ Russian	□ Russian	□ Russian			
□ Spanish	□ Spanish	□ Spanish	□ Spanish	□ Spanish			
□ Traditional	□ Traditional	□ Traditional	□ Traditional	□ Traditional			
Chinese	Chinese	Chinese	Chinese	Chinese			
□ Vietnamese	□ Vietnamese	□ Vietnamese	□ Vietnamese	□ Vietnamese			
□ Other	□ Other	□ Other	□ Other	□ Other			
languages? Chec	informed that mack all that apply. Member Request		are available in	specific			
_	All members [⊐Medi-Cal □I	Healthy Families	□Medicare			
☐ Upon	Enrollment						
☐ All members ☐ Medi-Cal ☐ Healthy Families ☐ Medicare ☐ Commercial							
☐ Other,	specify						
□ Not informed							

Bilingual Provider Directory

1.	Does the Plan offer a provider directory that specifies non-English languages spoken by the provider?							
		Yes						
		☐ All members ☐ Medi-Cal ☐ Healthy Families ☐ Medicare						
		☐ Commercial						
		No						
2. define	•	our provider directory offered in the Plan's threshold languages? (As Footnote 3)						
		Yes						
		□ All members □ Medi-Cal □ Healthy Families □ Medicare						
		☐ Commercial						
		No						
3.		w are members informed about obtaining a provider directory in ir language? Check all that apply.						
		Non-English list is available by request only						
		□ All members □ Medi-Cal □ Healthy Families □ Medicare						
		☐ Commercial						
		Posters						
		□ All members □ Medi-Cal □ Healthy Families □ Medicare						
		☐ Commercial						

	Ш	Member newsletter
		□All members □Medi-Cal □Healthy Families □Medicare
		☐ Commercial
		Member handbook or evidence of coverage
		□ All members □ Medi-Cal □ Healthy Families □ Medicare
		□ Commercial
		Other, specify
		□ All members □ Medi-Cal □ Healthy Families □ Medicare
		☐ Commercial
8.	4. Doe	s the Plan assess provider language proficiency?
	Provi	ders are evaluated for language proficiency
		Language proficiency is self-reported by provider
	No ev	valuation process
		Other, specify
5.		he Plan have procedures in place to monitor their Non-Englishing member population and to adjust or target provider contracting ingly?
		Yes
		☐ All members ☐ Medi-Cal ☐ Healthy Families ☐ Medicare
		☐ Commercial
		No

Language Barrier Grievance/Complaint Monitoring

1.	Does the Plan monitor Grievances/Complaints specific to language barrier problems? Check all that apply.								
	☐ Yes								
	□All members □Medi-Cal □Healthy Families								
		☐Medicare ☐Commercial							
		No							
2.	How a	re language barrier Grievances/Complaints monitored? Check apply.							
		Member Satisfaction Surveys							
		□ All members □ Medi-Cal □ Healthy Families							
		☐Medicare ☐Commercial							
		Tracking Language Barrier Grievances/Complaints							
		□ All members □ Medi-Cal □ Healthy Families							
		☐Medicare ☐Commercial							
		Tracking General Grievances/Complaints							
		□ All members □ Medi-Cal □ Healthy Families							
		☐Medicare ☐Commercial							
		Provider or Staff Surveys							
		□ All members □ Medi-Cal □ Healthy Families							
		☐Medicare ☐Commercial							
		Other, specify							

barriers? Check all that apply.
☐ Yes
☐ All members ☐ Medi-Cal ☐ Healthy Families
☐Medicare ☐Commercial
□ No
4. How are cultural barrier Grievances/Complaints monitored? Check all that apply.
☐ Member Satisfaction Surveys
□ All members □ Medi-Cal □ Healthy Families
☐Medicare ☐Commercial
☐ Tracking Cultural Barrier Grievances/Complaints
□All members □Medi-Cal □Healthy Families
☐Medicare ☐Commercial
☐ Tracking General Grievances/Complaints
☐ All members ☐ Medi-Cal ☐ Healthy Families
☐Medicare ☐Commercial
☐ Provider or Staff Surveys
□All members □Medi-Cal □Healthy Families
☐Medicare ☐Commercial
☐ Other, specify
5. Are members informed in threshold languages about how to file a Grievance/Complaint? (As defined in Footnote 3) Check all that apply.
Informed by:

☐ Posters	
□All members □Medi-Cal □Healthy Families	□Medicare
☐ Commercial	
☐ Member newsletter	
□All members □Medi-Cal □Healthy Families	□Medicare
□ Commercial	
☐ Member handbook or evidence of coverage ☐ All members ☐ Medi-Cal ☐ Healthy Families ☐ Gammanial	□Medicare
□Commercial	
☐ Other, specify	
□All members □Medi-Cal □Healthy Families	□Medicare
☐ Commercial	
□ Not informed	

Appendix II

Individual Plan Responses – Survey Data Tables

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Section I: Introductory Questions

Predominant non-English Languages of Health Plan's Members

Health Plan Name	Armenian	Hmong	Khmer	Korean	Russian	Spanish	Mandarin/ Cantonese	Vietnamese
COMMERCIAL PLANS								
Aetna						×		
Blue Cross	x ¹			X ¹		X ^{1,2}	× ^{1,2}	X ¹
Blue Shield						×		
CIGNA						×		
Health Net		×				×	×	×
Kaiser						×	×	
PacifiCare						×	×	
Universal Care						×		
Western Health Advantage					x ³	X 3		
LOCAL INITIATIVES								
Alameda						×	×	×
Care 1st						×		
Community								
Health Plan						×		
Contra Costa Health Plan						×		
Health Plan of								
San Joaquin						×		
Inland Empire Health Plan						×		
Kern Family Health Care						×		
L.A.Care	×		×		×	×	×	×
Molina Healthcare		× ⁴				×		× 5
San Francisco								
Health Plan					×	×	×	×
Santa Clara								
Family Health								
Plan						×		×

Do you capture the member's preferred language upon enrollment in the plan?

Lleelth Dien Neme		Line of	Business	
Health Plan Name	Commercial	Medi-Cal	Healthy Families	Medicare
COMMERCIAL PLANS				
Aetna				×
Blue Cross		×	×	
Blue Shield	×		×	×
CIGNA ⁶				
Health Net	×	×	×	×
Kaiser	×	×	×	×
PacifiCare				
Universal Care	×	×	×	×
Western Health				
Advantage		×		×
LOCAL				
INITIATIVES	••	•		
Alameda	×	×	×	
Care 1st		×	×	
Community				
Health Plan	×	×	×	
Contra Costa				
Health Plan		×	×	
Health Plan of			l	
San Joaquin		×	×	
Inland Empire		••		
Health Plan		×	×	
Kern Family		••		
Health Care		×	×	
L.A.Care		×	×	
Molina Healthcare		× ⁷	X ⁷	
San Francisco				
Health Plan		×	×	
Santa Clara				
Family Health				
Plan		×	×	

Who is responsible to ensure that the member's primary language is documented in their medical records?

	Line of Business								
Health Plan Name	Comm	nercial	Med	i-Cal		Families	Med	icare	
	Plan	MG	Plan	MG	Plan	MG	Plan	MG	
COMMERCIAL PLANS									
Aetna		×						×	
Blue Cross		× 8		X 8		× 8		× 8	
Blue Shield		×				×		×	
CIGNA		×							
Health Net		×		×		×		×	
Kaiser	×		×		×		×		
PacifiCare		×						×	
Universal Care			×	×	×	×	×	×	
Western Health									
Advantage		× 9		× 9				× ⁹	
LOCAL INITIATIVES									
Alameda		× ¹⁰		X ¹⁰		× ¹⁰			
Care 1st			×	×	×	×			
Community									
Health Plan		×		×		×			
Contra Costa									
Health Plan		×		×		×		×	
Health Plan of				×		•			
San Joaquin				^		×			
Inland Empire Health Plan				×		×			
Kern Family				•		**			
Health Care				×		×			
L.A.Care			×	×	×	×			
Molina									
Healthcare ¹¹				×		×			
San Francisco									
Health Plan			×	×	×	×			
Santa Clara									
Family Health									
Plan			×		×				

Endnotes: Introductory Questions

¹Medi-Cal & Healthy Families

²Medicare

³Medi-Cal

⁴7.5% GMC –SAC

⁵4.5% GMC-SAC

⁶ However, the standard enrollment forms do ask if the member would like materials in Spanish, if available.

⁷ Preferred language information comes to the plans from the enrollment processor-Health Care Options. Only specifies spoken language, not language read.

⁸ The physician/IPA/Contracted provider is responsible for maintaining medical records. The Plan does not maintain medical records.

⁹ MSO (UCDMG)

¹⁰ Through their physicians.

While it is the responsibility of the contracted practitioner to note language preference in the patient's medical record, this field is not on the currently approved DHS medical record audit tool. It is being added on the current revision.

Section II. Telephone Interpreters For Members

Q1. Does the Plan provide access to telephone interpreters for limited English proficient (LEP) members: upon calling the health plan, at medical points of contact, at physician office visits only, at other?

				I ine of l	Business			
		Comn	nercial			Med	i-Cal	
Health Plan Name	Upon calling	Medical	Dr. office	Other	Upon calling	Medical	Dr. office	Other
COMMERCIAL PLANS								
Aetna	×							
Blue Cross	×	N/A			×	N/A	×	
Blue Shield	×	×						
CIGNA	×							
Health Net	×	×			×	×		
Kaiser	×	×			×	×		
PacifiCare	×	×						
Universal Care	×				×	×		
Western Health								
Advantage	×	×			×	×		
LOCAL								
INITIATIVES								
Alameda	×	×		X ¹	×	×		X ¹
Care 1st					×	×		
Community								
Health Plan	×	×			×	×		
Contra Costa	×	×	NI/A		×	×	N1/A	
Health Plan	^	^	N/A			^	N/A	
Health Plan of					×			
San Joaquin Inland Empire					- " -			
Health Plan					×	×		
Kern Family								
Health Care					×	×		
L.A.Care					×	×		
Molina Healthcare					×	×		
San Francisco								
Health Plan					×	×		
Santa Clara								
Family Health								
Plan					×	×		

Q1. Does the Plan provide access to telephone interpreters for limited English proficient (LEP) members: upon calling the health plan, at medical points of contact, at physician office visits only, at other?

	Line of Business									
		Healthy	Families			Med	icare			
Health Plan Name	Upon calling	Medical points of contact	Dr. office only	Other	Upon calling	Medical points of contact	Dr. office only	Other		
COMMERCIAL PLANS										
Aetna					×					
Blue Cross	×	N/A	×		×	N/A				
Blue Shield	×	×			×	×				
CIGNA										
Health Net	×	×			×	×				
Kaiser	×	×			×	×				
PacifiCare					×	×				
Universal Care	×	×			×	×				
Western Health										
Advantage					×	×				
LOCAL										
INITIATIVES										
Alameda	×	×		X ¹						
Care 1st	×	×								
Community										
Health Plan	×	×								
Contra Costa	×				×					
Health Plan	X	×	N/A		*	×	N/A			
Health Plan of	••									
San Joaquin	×									
Inland Empire	**									
Health Plan	×	×								
Kern Family	J									
Health Care	×	×								
L.A.Care	X	×								
Molina Healthcare	×	×								
San Francisco										
Health Plan	×	×								
Santa Clara										
Family Health	• •									
Plan	×	×								

Q2. Are telephone interpreter services provided free for LEP members?

	Line of	f Business	
Commercial			Medicare
×			×
X ²	×	×	X ²
×		×	×
×			
×	×	×	×
×	×	×	×
×			×
×	×	×	×
	~		×
	~		*
×	×	×	
	×	×	
×	×	×	
×	×	×	×
	×	×	
	×	×	
	×	×	
	×	×	
	×	×	
	×	×	
	•		
	x x² x x x x x x x x	x x x x x x x x x x x x x x x x x x x	x x2 x x x x x x x x x x x x x x x x x

Q3. How are members informed about accessing telephone interpreter services?

					Line of E	Business				
		С	ommerci	al				Medi-Cal		
Health Plan Name	Posters	News- letter	EOC	Web- site	Other	Posters	News- letter	EOC	Web- site	Other
COMMERCIAL PLANS										
Aetna			×	×						
Blue Cross						×	×	×	×	X ³
Blue Shield					X ⁴					
CIGNA		×	×		× ⁵					
Health Net		×					×	×	×	
Kaiser	×	×	×		X 6	×	×	×		× 6
PacifiCare			×							
Universal Care	×					×	×	×		
Western Health										
Advantage	×			×		×		×	×	
LOCAL INITIATIVES										
Alameda		×	×	×	x ⁷		×	×	×	x ⁷
Care 1st						×	×	×	×	× 8
Community										
Health Plan	×	×	×			×	×	×		
Contra Costa	~		.		× 9			.		× 9
Health Plan Health Plan of	×		×			×		×		
San Joaquin							×	×		
Inland Empire										
Health Plan								×		× ¹⁰
Kern Family										
Health Care							×	×		X ¹¹
L.A.Care						×	×	×		X ¹²
							v			
Molina Healthcare San Francisco						×	×	×	×	
Health Plan							×	×		X ¹³
Santa Clara							· •			
Family Health										
Plan							×	×	×	× ¹⁴

Q3. How are members informed about accessing telephone interpreter services?

					Line of E	Business				
		Hea	Ithv Fam	ilies				Medicare		
Health Plan Name	Posters	News- letter	EOC	Web- site	Other	Posters	News- letter	EOC	Web-	Other
COMMERCIAL PLANS										
Aetna								×	×	
Blue Cross	×	×	×	×	X 3			×		
Blue Shield					X ⁴					X ⁴
CIGNA										
Health Net		×	×	×			×	×		
Kaiser	×	×	×		X 6	×	×	×		X 6
PacifiCare								×		
Universal Care	×	×	×			×		×		
Western Health										
Advantage						×			×	
LOCAL INITIATIVES										
Alameda		×	×	×	X ⁷					
Care 1st	×	×	×	×	X 8					
Community Health										
Plan	×	×	×							
Contra Costa Health Plan	×		×		× 9	×		×		× 9
Health Plan of San										
Joaquin		×	×							
Inland Empire			×		X ¹⁰					
Health Plan Kern Family Health			^		^					
Care		×	×		X ¹¹					
L.A.Care	×	×	×		X ¹²					
Molina Healthcare	×	×	×	×						
San Francisco					1.40					
Health Plan		×	×		X ¹³					
Conto Clara Familia										
Santa Clara Family Health Plan		×	×	×	X 14					

Q4. How do members receive telephone interpretation services at medical points of contact: The Plan/Medical Group (MG) arranges and pays? The Plan/Medical Group (MG) provides access information to members, who are responsible for arranging their own telephone interpretation services?

				Line of F	Business			
		Comn	nercial		Monicoo	Med	i-Cal	
Health Plan Name	Plan arranges and pays	Plan provides access info.	MG arranges and pays	MG provides access info.	Plan arranges and pays	Plan provides access info.	MG arranges and pays	MG provides access info.
COMMERCIAL								
PLANS								
Aetna	×							
Blue Cross			N/A ¹⁵	N/A ¹⁶	×		N/A ¹⁵	N/A ¹⁶
Blue Shield			×					
CIGNA		×		×				
Health Net		×				×	x 17	
Kaiser	×				×			
PacifiCare			×					
Universal Care		×		×	×		×	
Western Health								
Advantage							X 18	
LOCAL								
INITIATIVES							10	
Alameda	×		×		×		X 19	
Care 1st					×			
Community							×	
Health Plan Contra Costa			×					
Health Plan	×		N/A ²⁰	N/A ²⁰	×		N/A ²⁰	N/A ²⁰
Health Plan of			14,71	14,71			14,71	14,71
San Joaquin					×			
Inland Empire								
Health Plan					×		×	
Kern Family								
Health Care					×		0.4	
L.A.Care							X 21	
Molino Hoolthoore					×			
Molina Healthcare San Francisco								
Health Plan							×	
Santa Clara								
Family Health								
Plan					×			

Q4. How do members receive telephone interpretation services at medical points of contact: The Plan/Medical Group (MG) arranges and pays? The Plan/Medical Group (MG) provides access information to members, who are responsible for arranging their own telephone interpretation services?

				Line of E	Business			
			Families	1			icare	
Health Plan Name	Plan arranges and pays	Plan provides access info.	MG arranges and pays	MG provides access info.	Plan arranges and pays	Plan provides access info.	MG arranges and pays	MG provides access info.
COMMERCIAL PLANS								
Aetna					×			
Blue Cross	×		N/A ¹⁵	N/A ¹⁶			N/A ¹⁵	N/A ¹⁶
Blue Shield			×				×	
CIGNA								
Health Net		×	× 17			×		
Kaiser	×				×			
PacifiCare							×	
Universal Care	×		×		×		×	
Western Health								
Advantage								
LOCAL								
INITIATIVES Alameda	×		×					
Care 1st	×							
Community Health	**							
Plan			×					
Contra Costa			20	20			20	
Health Plan	×		N/A ²⁰	N/A ²⁰	×		N/A ²⁰	N/A ²⁰
Health Plan of San	×							
Joaquin Inland Empire	**							
Health Plan	×		×					
Kern Family Health								
Care	×							
L.A.Care	×							
Molina Healthcare	×							
San Francisco								
Health Plan			×					
Santa Clara Family	×							
Health Plan	^							

Q5. If the member is responsible for arranging for their own telephone interpreter, is the member expressly discouraged from using friends or family members to serve as interpreters?

Health Plan Name		Line o	f Business	
	Commercial	Medi-Cal	Healthy Families	Medicare
COMMERCIAL				
PLANS				
Aetna	N/A			N/A
Blue Cross				
Blue Shield	N/R		N/R	N/R
CIGNA				
Health Net		×	×	
Kaiser ²²	N/A	N/A	N/A	N/A
PacifiCare	N/A			N/A
Universal Care	×			
Western Health				
Advantage	N/A	N/A		N/A
LOCAL				
INITIATIVES				
Alameda	N/R	N/R	N/R	
Care 1st		N/A	N/A	
Community				
Health Plan	N/A	N/A	N/A	
Contra Costa	- 22	- 22	- 22	- 22
Health Plan	N/A ²³	N/A ²³	N/A ²³	N/A ²³
Health Plan of		21/4	N/4	
San Joaquin Inland Empire		N/A	N/A	
Health Plan		N/R	N/R	
Kern Family		IN/IX	14/13	
Health Care		N/R	N/R	
L.A.Care ²⁴		×	×	
Molina Healthcare		N/A	N/A	
San Francisco				
Health Plan		N/A	N/A	
Santa Clara				
Family Health				
Plan ²⁵				

Q6. When calling the plan, an LEP enrollee will speak to:

Health Plan Name			Other
COMMERCIAL PLANS	Bilingual Staff	Language Line	
Aetna	×	×	
Blue Cross	×	×	
Blue Shield	×	×	× ²⁶
CIGNA	×	×	
Health Net	×	×	
Kaiser	×	×	
PacifiCare	×	×	
Universal Care	×	×	
Western Health Advantage	×		× ²⁷
LOCAL INITIATIVES			
Alameda	×	×	
Care 1st	×	×	
Community Health Plan	×	×	
Contra Costa Health Plan	×	×	
Health Plan of San Joaquin	×		
Inland Empire Health Plan	×		
Kern Family Health Care	×	×	
L.A.Care	×	×	
Molina Healthcare	×	×	
San Francisco Health Plan	×	×	
Santa Clara Family Health Plan	×	×	

Q6. Bilingual Staff Speak:

Health Plan Name	Armenian	Farsi	Hmong	Khmer	Korean	Russian	Spanish	Chinese	Vietnamese	Other
COMMERCIAL PLANS										
Aetna							×	×		
Blue Cross	×						×	×	×	X ²⁸
Blue Shield							×			
CIGNA			×				×		×	
Health Net	×	×	×			×	×	×	×	X ²⁹
Kaiser							×	×		
PacifiCare							×	×		
Universal Care							×		×	
Western Health Advantage	×	×	×	×	×	×	×	×	×	
LOCAL INITIATIVES										
Alameda							×	×	×	
Care 1st	×					×	×			
Community Health Plan	×	×	×	×	×	×	×	×	×	
Contra Costa		• • •	**	**	**		**	**	•	
Health Plan							×			
Health Plan of										
San Joaquin			×				×		×	
Inland Empire										
Health Plan							×			
Kern Family							×			
Health Care	×			×		×	×	×	×	
L.A.Care Molina									**	
Healthcare							×			
San Francisco										
Health Plan							×	×	×	
Santa Clara										
Family Health							×		×	

Q7. If bilingual health plan staff speak directly to the member, how is the proficiency of language skill assured?

Health Plan Name	Staff is evaluated for language proficiency	Language proficiency is self-reported by staff	No Evaluation Process	Other	Bilingual staff is not used
COMMERCIAL PLANS					
Aetna		×			
Blue Cross		×			
Blue Shield			×		
CIGNA	×	×			
Health Net	×	×			
Kaiser	×	×		× ³⁰	
PacifiCare	×				
Universal Care	×				
Western Health					
Advantage	×				
LOCAL					
INITIATIVES					
Alameda	×	×			
Care 1st	×	×			
Community					
Health Plan	×	×			
Contra Costa					
Health Plan	×				
Health Plan of	×				
San Joaquin	~				
Inland Empire Health Plan	×				
Kern Family					
Health Care	×				
L.A.Care	×				
Molina Healthcare	×				
San Francisco					
Health Plan	×	×			
Santa Clara					
Family Health					
Plan	×				

Endnotes: Telephone Interpreters For Members

¹Non-medical points of contact.

²Note: For Commercial and Medicare, these services provided free to members only when calling the Plan.

³Member orientations, customer service, outreach and trainings for Medi-Cal and Healthy Families programs.

⁴By contacting Plan Customer Service.

⁵At the time the member calls Member Services as well as various Enrollment Materials.

⁶The Plan has established toll-free numbers for Spanish-speaking and Chinese-speaking members to contact Member Services. The Plan also has brochures to inform members about interpreter services as appropriate.

⁷Upon conversations with Member Services.

⁸A special notice form mailed to member on their right to receive free interpretation services.

⁹Brochures and posters.

¹⁰Through contact with Plan, IPA and/or PCP.

¹¹New member orientations.

¹²Presentations to enrollees.

¹³Member ID card.

¹⁴The organization's website is currently being redesigned and will provide members with information about interpreter services.

¹⁵Note: Blue Cross does not know, nor is it responsible for knowing what its providers do in this regard.

¹⁶Note: Again, Blue Cross does not know what information the IPA or other delegated providers provide to members.

¹⁷Note: the preferred method of interpretation is to use office staff which have medical background, are consistently available and have experience communicating with the provider.

¹⁸MSO

¹⁹Kaiser

²⁰ We don't have IPAs. The contracted provider arranges, but does not pay. CCHP pays.

²¹Health plan partner

²²This question is not applicable since the Plan arranges and pays for interpreters; however, should a member choose to arrange his/her own interpreter, the Plan does expressly discourage the use of friends or family members.

²³The member is not responsible for arranging.

²⁴California Kids

²⁵Members are not responsible for arranging interpreter services, however, we do discourage the use of family members and friends as interpreters.

²⁶Other

²⁷Plan has Spanish speaking staff in corp. office. MSO has bilingual staff or will transfer call to internal Interpretive Services Dept.

²⁸ TDDy. Plan also maintains a list of staff members fluent in approximately 57 languages.

²⁹Tagalog and Laotian

³⁰The Plan has contracts for interpreter services and the language proficiency skills of the individuals are evaluated by contract agency.

Section III. Access to Face-to-Face Interpreters

Q1. Does the plan provide access to face-to-face interpreters for limited English proficient (LEP) members: At medical points of contact? At physician office visits only? At other?

	Line of Business							
	C	Commercia	ıl		Medi-Cal			
Health Plan Name	Medical points of contact	Dr. office only	Other	Medical points of contact	Dr. office only	Other		
COMMERCIAL PLANS								
Aetna	×							
Blue Cross				×		X 1		
Blue Shield	×							
CIGNA								
Health Net			x ²			x ²		
Kaiser	×			×				
PacifiCare	×							
Universal Care	×			×				
Western Health								
Advantage	×			×				
LOCAL INITIATIVES								
Alameda	×		X ³	×		X ³		
Care 1st				×				
Community								
Health Plan								
Contra Costa	×	N/A		×	NI/A			
Health Plan Health Plan of	^	N/A		_ ^	N/A			
San Joaquin				×				
Inland Empire								
Health Plan				×	×			
Kern Family								
Health Care				×				
L.A.Care				×				
Molina Healthcare				×				
San Francisco								
Health Plan				×				
Santa Clara								
Family Health								
Plan						× ⁴		

Q1. Does the plan provide access to face-to-face interpreters for limited English proficient (LEP) members: At medical points of contact? At physician office visits only? At other?

	Line of Business							
	Hea	althy Fami	lies		Medicare			
Health Plan Name	Medical points of contact	Dr. office only	Other	Medical points of contact	Dr. office only	Other		
COMMERCIAL								
PLANS								
Aetna				×				
Blue Cross	×		X ¹					
Blue Shield	×			×				
CIGNA								
Health Net			x ²			x ²		
Kaiser	×			×				
PacifiCare				×				
Universal Care	×			×				
Western Health								
Advantage				×				
LOCAL								
INITIATIVES								
Alameda	×		X ³					
Care 1st	×							
Community								
Health Plan								
Contra Costa Health Plan	×	N/A		×	N/A			
Health Plan of	•	IN/A		•	IN/A			
San Joaquin	×							
Inland Empire								
Health Plan	×	×						
Kern Family								
Health Care	×							
L.A.Care	×							
Molina Healthcare	×							
San Francisco	×							
Health Plan Santa Clara								
Family Health								
Plan			× ⁴					

Q2. Are face-to-face interpreter services provided free for LEP members?

Health Dlan Name		Line of	Business	
Health Plan Name	Commercial	Medi-Cal		Medicare
COMMERCIAL				
PLANS				
Aetna	×			×
Blue Cross		×	×	
Blue Shield	×		×	×
CIGNA				
Health Net	N/R	N/R	N/R	N/R
Kaiser	×	×	×	×
PacifiCare	×			×
Universal Care		×	×	×
Western Health				
Advantage	×	×		×
LOCAL				
INITIATIVES				
Alameda	×	×	×	
Care 1st		×	×	
Community				
Health Plan	×	×	×	
Contra Costa				
Health Plan	×	×	×	×
Health Plan of				
San Joaquin		×	×	
Inland Empire				
Health Plan		×	×	
Kern Family				
Health Care		×	×	
L.A.Care		×	×	
Malina Haalthaa		×	×	
Molina Healthcare		~	^	
San Francisco		×	×	
Health Plan		^	^	
Santa Clara				
Family Health		×	×	
Plan			^	

Q3. How are members informed about accessing face-to-face interpreter services?

	Line of Business									
		(Commercia	al		Medi-Cal Medi-Cal				
Health Plan Name	Posters	News- letter	EOC	Web- site	Other	Posters	News- letter	EOC	Web- site	Other
COMMERCIAL PLANS										
Aetna					X ⁵					
Blue Cross						×	×	×	×	X ⁶
Blue Shield					× ⁷					
CIGNA					× ⁸					
Health Net					× 9			×		× 9
Kaiser	×	×	×			×	×	×		
PacifiCare					× ¹⁰					
Universal Care ¹¹	×					×	×	×		
Western Health										
Advantage				×		×		×	×	
LOCAL										
INITIATIVES										
Alameda		×	×	×			×	×	×	
Care 1st						×	×	×	×	x ¹²
Community										
Health Plan	×		×			×		×		
Contra Costa	×					×		×		
Health Plan	^					^		^		
Health Plan of San Joaquin							×	×		
Inland Empire										
Health Plan								×		× ¹³
Kern Family										
Health Care							×	×		× ¹⁴
L.A.Care						×	×	×		× ¹⁵
Molina Healthcare							×	×	×	
San Francisco										
Health Plan							×	×		
Santa Clara										
Family Health										× ¹⁶
Plan								×		Χ."

Q3. How are members informed bout accessing face-to-face interpreter services?

Health Plan Name Posters Posters News-letter EOC Website Other Posters News-letter EOC Website Site Other Posters News-letter EOC Website EOC Web				
Posters News-letter EOC Web-site Other Posters News-letter EOC Web-site				
PLANS Aetna Blue Cross X X X X X X Section 1 Blue Cross X X X X X Section 1 Section 1 Section 2 Section 2 Section 3	Other			
Blue Cross				
Blue Shield	x ⁵			
CIGNA X X9 X Health Net X X X Kaiser X X X PacifiCare Y X X Universal Care X X X Western Health X X X Advantage X X X Alameda X X X Care 1st X X X				
Health Net	x ⁷			
Kaiser				
PacifiCare Value	× 9			
Universal Care X X X X X X X X X X X X X X X X X X X				
Western Health Advantage LOCAL INITIATIVES Alameda Care 1st X X X X X X X X X X X X X	× ¹⁰			
Western Health Advantage LOCAL INITIATIVES Alameda Care 1st X X X X X X X X X X X X X				
LOCAL INITIATIVES Alameda				
INITIATIVES X X X Alameda X X X Care 1st X X X				
Alameda				
Care 1st × × × × × × × × × × × × × × × × × × ×				
Cale 1st				
Community Health				
Plan X X				
Contra Costa				
Health Plan X X X X				
The Health Plan of San Joaquin X X				
San Joaquin X X IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII				
Health Plan × × 13				
Kern Family Health				
Care × × × × 14				
L.A.Care × × × × × × × × × × × × × × × × × × ×				
Molina Healthcare × × ×				
San Francisco				
Health Plan × ×				
Santa Clara Family				
Santa Clara Family Health Plan				

Q4. How do members receive face-to-face interpretation at medical points of contact: The Plan/Medical Group (MG) arranges and pays? The Plan/Medical Group (MG) provides access information to members, who are responsible for arranging their own face-to-face interpretation services?

	Line of Business							
	Commercial Medi-C						i-Cal	
Health Plan Name	Plan arranges and pays	Plan provides access info.	MG arranges and pays	MG provides access info.	Plan arranges and pays	Plan provides access info.	MG arranges and pays	MG provides access info.
COMMERCIAL								
PLANS								
Aetna	×		N/A	N/A				
Blue Cross			N/A ¹⁷	N/A ¹⁸	×	×	N/A ¹⁷	N/A ¹⁸
Blue Shield			×					
CIGNA		×		×				
Health Net						×	×	
Kaiser	×				×			
PacifiCare			×					
Universal Care		×		×	×		×	
Western Health								
Advantage			× ¹⁹				X ¹⁹	
LOCAL								
INITIATIVES								
Alameda	×		× ²⁰		×		× ²⁰	
Care 1st					×			
Community								
Health Plan			×				×	
Contra Costa	••		_	- 21	••		_	- 21
Health Plan	×		N/A	N/A ²¹	×		N/A	N/A ²¹
Health Plan of					••			
San Joaquin					×			
Inland Empire							×	
Health Plan							^	
Kern Family Health Care					×			
							X ²²	
L.A.Care							7.	
Molina Healthcare					×			
San Francisco								
Health Plan							×	
Santa Clara								
Family Health								
Plan					×		×	

Q4. How do members receive face-to-face interpretation at medical points of contact: The Plan/Medical Group (MG) arranges and pays? The Plan/Medical Group (MG) provides access information to members, who are responsible for arranging their own face-to-face interpretation services?

	Line of Business									
		Healthy	Families		40111000	Med	icare			
Health Plan Name	Plan arranges and pays	Plan provides access info.	MG arranges and pays	MG provides access info.	Plan arranges and pays	Plan provides access info.	MG arranges and pays	MG provides access info.		
COMMERCIAL PLANS										
Aetna					×		N/A	N/A		
Blue Cross	×	×	N/A ¹⁷	N/A ¹⁸			N/A ¹⁷	N/A ¹⁸		
Blue Shield	×		×				×			
CIGNA										
Health Net		×	×			×	×			
Kaiser	×				×					
PacifiCare							×			
Universal Care	×		×		×		×			
Western Health Advantage							× ¹⁹			
LOCAL INITIATIVES										
Alameda	×		× ²⁰							
Care 1st	×									
Community Health Plan			×							
Contra Costa Health Plan	×		N/A	N/A ²¹	×		N/A	N/A ²¹		
The Health Plan of San Joaquin	×									
Inland Empire Health Plan			×							
Kern Family Health										
Care	×									
L.A.Care	×									
Molina Healthcare	×									
San Francisco Health Plan			×							
Santa Clara Family Health Plan	×		×							

Q5. If the member is responsible for arranging for their own face-to-face interpreter, is the member expressly discouraged from using friends or family members to serve as interpreters?

Health Plan Name	Line of Business									
Health Plan Name	Commercial	Medi-Cal	Healthy Families	Medicare						
COMMERCIAL										
PLANS										
Aetna	N/A			N/A						
Blue Cross										
Blue Shield	N/R		N/R	N/R						
CIGNA										
Health Net		×								
Kaiser ²³	N/A	N/A	N/A	N/A						
PacifiCare	N/A			N/A						
Universal Care ²⁴	×									
Western Health										
Advantage	N/A	N/A		N/A						
LOCAL										
INITIATIVES										
Alameda	N/A	N/A	N/A							
Care 1st		N/A	N/A							
Community										
Health Plan	N/A	N/A	N/A							
Contra Costa										
Health Plan	N/A	N/A	N/A	N/A						
Health Plan of										
San Joaquin		N/A	N/A							
Inland Empire										
Health Plan		N/R	N/R							
Kern Family										
Health Care		N/R	N/R							
L.A.Care		×	×							
Molina Healthcare		N/A	N/A							
San Francisco										
Health Plan		N/A	N/A							
Santa Clara										
Family Health										
Plan ²⁵										

Q6. If bilingual health plan staff provide face-to-face interpretation, how is the proficiency of language skill assured?

Health Plan Name	Staff is evaluated for language proficiency	Language proficiency is self-reported by staff	No Evaluation Process	Other	Bilingual staff is not used
COMMERCIAL PLANS					
Aetna	N/A	N/A	N/A	N/A	N/A
Blue Cross		× ²⁶			
Blue Shield			×		
CIGNA					×
Health Net		×		× ²⁷	
Kaiser	×	×			
PacifiCare	×				
Universal Care	×				
Western Health					
Advantage	×				
LOCAL					
INITIATIVES					
Alameda					X ²⁸
Care 1st					×
Community					
Health Plan	×				
Contra Costa	×				
Health Plan The Health Plan	~				
of San Joaquin	×				
Inland Empire					
Health Plan ²⁹					
Kern Family					
Health Care	×				
L.A.Care	×				
Malina Haald	21/4	21/2		51/6	
Molina Healthcare	N/A	N/A	N/A	N/A	N/A
San Francisco	×	×			
Health Plan Santa Clara					
Family Health					
Plan	×				

Q7. Does the Plan provide access to face-to-face sign language interpreters for hearing impaired members: At medical points of contact? At physician office visits only? At other?

	Line of Business							
		Commercia			Medi-Cal			
Health Plan Name	Medical points of contact	Dr. office only	Other	Medical points of contact	Dr. office only	Other		
COMMERCIAL PLANS								
Aetna	×							
Blue Cross				×		× ³⁰		
Blue Shield	×							
CIGNA	×							
Health Net				×				
Kaiser	×			×				
PacifiCare			× ³¹					
Universal Care	×			×				
Western Health								
Advantage	× ³²			× ³²				
LOCAL								
INITIATIVES								
Alameda	×		× ³³	×		X ³³		
Care 1st				×				
Community								
Health Plan				<u> </u>				
Contra Costa Health Plan	×			×				
Health Plan of	,,,			 ''				
San Joaquin						× ³⁴		
Inland Empire								
Health Plan				×				
Kern Family								
Health Care				×				
L.A.Care				×				
Molina Healthcare				×				
San Francisco				1				
Health Plan				×				
Santa Clara								
Family Health								
Plan				×				

Q7. Does the Plan provide access to face-to-face sign language interpreters for hearing impaired members: At medical points of contact? At physician office visits only? At other?

	Line of Business							
	Hea	althv Fami			Medicare			
Health Plan Name	Medical points of contact	Dr. office only	Other	Medical points of contact	Dr. office only	Other		
COMMERCIAL PLANS								
Aetna				×				
Blue Cross	×		× ³⁰					
Blue Shield	×			×				
CIGNA								
Health Net	×			×				
Kaiser	×			×				
PacifiCare						× ³¹		
Universal Care	×			×				
Western Health								
Advantage				× ³²				
LOCAL								
INITIATIVES								
Alameda	×		X ³³					
Care 1st	×							
Community								
Health Plan								
Contra Costa	×			×				
Health Plan Health Plan of								
San Joaquin			× ³⁴					
Inland Empire								
Health Plan	×							
Kern Family								
Health Care	×							
L.A.Care	×							
Molino Haalthas	×							
Molina Healthcare San Francisco	^							
Health Plan	×							
Santa Clara								
Family Health								
Plan	×							

Q8. Are face-to-face sign language interpreter services provided free for hearing impaired members?

Health Dlan Name	Line of Business							
Health Plan Name	Commercial	Medi-Cal	Healthy Families	Medicare				
COMMERCIAL								
PLANS								
Aetna	×			×				
Blue Cross		×	×					
Blue Shield	×		×	×				
CIGNA	×							
Health Net		×	×	×				
Kaiser	×	×	×	×				
PacifiCare	×			×				
Universal Care		×	×	×				
Western Health								
Advantage	×	×		×				
LOCAL								
INITIATIVES								
Alameda	×	×	×					
Care 1st		×	×					
Community								
Health Plan	×	×	×					
Contra Costa								
Health Plan	×	×	×	×				
Health Plan of								
San Joaquin		×	×					
Inland Empire								
Health Plan		×	×					
Kern Family								
Health Care		×	×					
L.A.Care		×	×					
		v						
Molina Healthcare		×	×					
San Francisco		~						
Health Plan		×	×					
Santa Clara								
Family Health		**						
Plan		×	×					

Q9. How are hearing impaired members informed about accessing face-to-face sign language interpreter services?

	Line of Business										
		(Commerci	al			Medi-Cal				
Health Plan Name	Posters	News- letter	EOC	Web- site	Other	Posters	News- letter	EOC	Web- site	Other	
COMMERCIAL PLANS											
Aetna					× ³⁵						
Blue Cross						×	×	×	×	× ³⁶	
Blue Shield					× ³⁷						
CIGNA					× ³⁸						
Health Net								×			
Kaiser	×	×	×			×	×	×			
PacifiCare					× ³⁹						
Universal Care	×					×	×	×			
Western Health											
Advantage	×			×		×		×	×		
LOCAL											
INITIATIVES											
Alameda		×	×	×			×	×	×		
Care 1st						×	×	×	×	× ⁴⁰	
Community											
Health Plan	×		×			×		×			
Contra Costa					× ⁴¹					× ⁴¹	
Health Plan Health Plan of	×		×		X	×		×		* ' '	
San Joaquin						N/R	N/R	N/R	N/R	N/R	
Inland Empire						14/13	14/11	14/13	14/12	IN/IX	
Health Plan								×		× ⁴²	
Kern Family											
Health Care							×	×		× ⁴³	
L.A.Care						×		×			
Molina Healthcare							×	×	×		
San Francisco							••	••			
Health Plan						\vdash	×	×			
Santa Clara											
Family Health							~	_	•	× ⁴⁴	
Plan							×	×	×	X **	

Q9. How are hearing impaired members informed about accessing face-to-face sign language interpreter services?

					l ine of l	Business					
		He	althv Fami	lies	Lille Oi	Jusiliess	Medicare				
Health Plan Name	Posters	News- letter	EOC	Web- site	Other	Posters	News- letter	EOC	Web- site	Other	
COMMERCIAL PLANS											
Aetna										× ³⁵	
Blue Cross	×	×	×	×	× 36						
Blue Shield					× 37					× ³⁷	
CIGNA											
Health Net		×	×				×	×			
Kaiser	×	×	×			×	×	×			
PacifiCare										× ³⁹	
Universal Care	×	×	×			×		×			
Western Health								~			
Advantage						×			×		
LOCAL											
INITIATIVES											
Alameda		×	×	×							
Care 1st	×	×	×	×	× 40						
Community Health											
Plan	×		×								
Contra Costa											
Health Plan	×		×		× 41	×		×		X ⁴¹	
Health Plan of San	N/R	N/R	N/R	N/R	N/R						
Joaquin Inland Empire	IN/IX	IN/IX	IN/IN	IN/IX	IN/IX						
Health Plan			×		× 42						
Kern Family Health											
Care		×	×		× 43						
L.A.Care	×		×								
Molina Healthcare		×	×	×							
San Francisco		••	•								
Health Plan		×	×								
Santa Clara Family											
Health Plan		×	×	×	× 44						

Q10. How do hearing impaired members receive face-to-face sign language interpretation at medical points of contact: The Plan/Medical Group (MG) arranges and pays? The Plan/Medical Group (MG) provides access information to members, who are responsible for arranging their own face-to-face interpretation services?

	Line of Business								
		Comn	nercial			Med	i-Cal		
Health Plan Name	Plan arranges and pays	Plan provides access info.	MG arranges and pays	MG provides access info.	Plan arranges and pays	Plan provides access info.	MG arranges and pays	MG provides access info.	
COMMERCIAL									
PLANS									
Aetna	×								
Blue Cross			N/A ⁴⁵	N/A ⁴⁶	×		N/A ⁴⁵	N/A ⁴⁶	
Blue Shield			×						
CIGNA	×		×						
Health Net ⁴⁷						×	×		
Kaiser	×				×				
PacifiCare			×						
Universal Care		×		×	×		×		
Western Health									
Advantage			× ⁴⁸				× ⁴⁸		
LOCAL									
INITIATIVES									
Alameda	×		×		×		×		
Care 1st					×				
Community									
Health Plan			×				×		
Contra Costa	×			49	×			49	
Health Plan	^		N/A	N/A ⁴⁹	^		N/A	N/A ⁴⁹	
Health Plan of					N/A	N/A	N/A	N/A	
San Joaquin Inland Empire					IN/A	IN/A	IN/A	IN/A	
Health Plan							×		
Kern Family									
Health Care					×				
L.A.Care							× ⁵⁰		
Molina Healthcare					×				
San Francisco									
Health Plan							×		
Santa Clara									
Family Health									
Plan					×				

Q10. How do hearing impaired members receive face-to-face sign language interpretation at medical points of contact: The Plan/Medical Group (MG) arranges and pays? The Plan/Medical Group (MG) provides access information to members, who are responsible for arranging their own face-to-face interpretation services?

	Line of Business									
		Healthy	Families	Lille Of L	Medicare					
Health Plan Name	Plan arranges and pays	Plan provides	MG arranges and pays	MG provides access info.	Plan arranges and pays	Plan provides	MG	MG provides access info.		
COMMERCIAL PLANS										
Aetna					×					
Blue Cross	×		N/A ⁴⁵	N/A ⁴⁶			N/A ⁴⁵	N/A ⁴⁶		
Blue Shield	×		×				×			
CIGNA										
Health Net		×	×			×	×			
Kaiser	×				×					
PacifiCare							×			
Universal Care	×		×		×		×			
Western Health										
Advantage							× ⁴⁸			
LOCAL INITIATIVES										
Alameda	×		×							
Care 1st	×									
Community Health										
Plan			×							
Contra Costa	×		N/A	N/A ⁴⁹	×		N/A	N/A ⁴⁹		
Health Plan Health Plan of San			IN/A	IN/A	•		IN/A	IN/A		
Joaquin	N/A	N/A	N/A	N/A						
Inland Empire										
Health Plan			×							
Kern Family Health										
Care	×									
L.A.Care	×									
Molina Healthcare	×									
San Francisco										
Health Plan			×							
Santa Clara Family Health Plan	×									

Q11. If the member is responsible for arranging for their own face-to-face sign language interpreter, is the member expressly discouraged from using friends or family members to serve as interpreters?

Heelth Dien Neme		Line o	f Business	
Health Plan Name	Commercial	Medi-Cal	Healthy Families	Medicare
COMMERCIAL				
PLANS				
Aetna	N/A			N/A
Blue Cross				
Blue Shield				
CIGNA				
Health Net ⁵¹				
Kaiser ⁵²	N/A	N/A	N/A	N/A
PacifiCare	N/A			N/A
Universal Care ⁵³	×			
Western Health				
Advantage	N/A	N/A		N/A
LOCAL				
INITIATIVES				
Alameda	N/R	N/R	N/R	
Care 1st		N/A	N/A	
Community				
Health Plan	N/R	N/R	N/R	
Contra Costa				
Health Plan	N/A	N/A	N/A	N/A
Health Plan of		21/2		
San Joaquin		N/A	N/A	
Inland Empire Health Plan		N/R	N/R	
Kern Family		IN/IN	IN/IX	
Health Care		N/R	N/R	
L.A.Care		×	×	
Lii (i Oui O				
Molina Healthcare		N/A	N/A	
San Francisco				
Health Plan		N/A	N/A	
Santa Clara				
Family Health				
Plan ⁵⁴				

Q12. If health plan staff provide face-to-face sign language interpretation, how is the proficiency of language skill assured?

Health Plan Name	Staff is evaluated for language proficiency	Language proficiency is self-reported by staff	No Evaluation Process	Other	Staff are not used
COMMERCIAL PLANS					
Aetna	N/A	N/A	N/A	N/A	N/A
Blue Cross	N/A	N/A	N/A	N/A	×
Blue Shield			×		
CIGNA					×
Health Net				× 55	
Kaiser				× 56	×
PacifiCare					×
Universal Care Western Health Advantage	×				×
LOCAL INITIATIVES					
Alameda					×
Care 1st					×
Community					
Health Plan					×
Contra Costa Health Plan				× 57	×
Health Plan of					
San Joaquin	N/A	N/A	N/A	N/A	N/A
Inland Empire Health Plan					×
Kern Family					
Health Care					×
L.A.Care					×
Molina Healthcare	N/A	N/A	N/A	N/A	N/A
San Francisco Health Plan					×
Santa Clara					
Family Health					
Plan					×

Endnotes : Access to Face-to-Face Interpreters

¹As requested through Customer Service for Medi-Cal and Healthy Families members.

²The term 'access' could be understood in many different contexts. Do you mean at medical points of contact or when communicating with the health plan? Health Net supplies providers, PPGs and members with information on how to access face to face interpreters. Health Net also encourages providers to have bilingual staff that could serve as face to face interpreter needs of the populations that they serve.

³And Non-Medical points of contact.

⁴For appointment scheduling and face-to-face encounters between providers and members, bilingual services are available through providers and provider staff. Providers and provider offices with bilingual capabilities in the threshold languages, and some additional languages participate in the Plan. Limited English proficient members choose or are assigned to provider offices that have bilingual capabilities in the member's primary language. Where provider or provider staff language capability is not available, services are provided by SCFHP's contracted tele-interpreting service. This service is available seven days a week, 24 hours a day. If a member or provider specifically requests a face-to-face interpreter be present at a medical point of contact the Plan will arrange and pay for the service.

⁵Upon request

⁶Through outreach staff and prompted through Customer Service for Medi-Cal and Healthy Families members.

⁷By contacting Plan Customer Service

⁸At the time the member calls Member Services

⁹Provider manual, provider fax, community advisory committee meetings.

¹⁰Via a telephone interaction with the plan's Members Service Department or the contracting provider.

11 We do not have a Medicare newsletter yet...only 600 members enrolled in program.

1. The their right to receive free interpretation so

¹²A special notice form mailed to member on their right to receive free interpretation services.

¹³Through contact with Plan

¹⁴New member orientation.

¹⁵Community meetings

¹⁶Members who speak one of the predominant non-English languages in the area are informed of the possibility of choosing a provider with the ability to communicate in their primary language at Member Orientations and during Customer Service communications. The Provider Directory also shows the language capabilities of each provider so members can consider this information when choosing a provider.

¹⁷Note: Blue Cross does not know, nor is it responsible for knowing what its providers do in this regard.

¹⁸Note: Again, Blue Cross does not know what information the IPA or other delegated providers provide to members.

¹⁹MSO

²⁰Kaiser

²¹We don't have IPAs.

²²Health plan partner

²³This question is not applicable since the Plan arranges and pays for interpreters; however, should a member choose to arrange his/her own interpreter, the Plan does expressly discourage the use of friends or family members.

²⁴N/A - health plan assists with arranging interpreter services. All lines of business are discouraged from using family/friends/children as interpreters.

- ²⁵Members are not responsible for arranging interpreter services, however, we do discourage the use of family members and friends as interpreters.
- ²⁶Response applies to Medi-Cal and Healthy Families programs only.
- ²⁷Providers decide on the evaluation process that best fits their needs.
- ²⁸Bilingual staff are not used for interpretation. Bilingual providers extensive language proficiency survey
 ²⁹Health plan staff are not typically used to provide face-to-face interpretation at medical points
- ³⁰Coordinated through requests by members and/or Providers for Medi-Cal and Healthy Families
- ³¹It is the responsibility of the medical providers to provide access to face-to-face sign language interpreters for hearing impaired members.
- ³³And Non-Medical points of contact.
- ³⁴As requested/using CBO's organization that provides these services
- ³⁵Upon request.
- ³⁶Through outreach and customer service for Medi-cal and Healthy Families members.
- ³⁷By contacting Plan Customer Service.
- ³⁸At the point the member contacts Member Services
- ³⁹Upon request made to PacifiCare's Customer Service Department or Medical Point of Contact.
- ⁴⁰A special notice form mailed to member on their right to receive free interpretation services.
- ⁴¹Brochure.
- ⁴²Through contact with Health Plan.
- ⁴³New member orientations, via family advocates and by networking with CBO's serving the hearing impaired population.
- ⁴⁴The organization's website is currently being redesigned and will provide members with information about interpreter services.
- ⁴⁵Note: Blue Cross does not know, nor is it responsible for knowing what its providers do in this regard.
- ⁴⁶Note: Again, Blue Cross does not know what information the IPA or other delegated providers
- provide to members.

 47 The provider or the member may contact Health Net for assistance in obtaining a face to face sign language interpreter. The member is not required to pay for the service. Depending on the circumstances the provider, IPA or Health Net would pay for the service.
- ⁴⁸MSO
- ⁴⁹We don't have delegated IPAs. The health plan arranges.
- ⁵⁰Plan partners
- ⁵¹Depends upon the specific circumstances of the situation.
- ⁵²The Plan contracts with sign language interpreter agencies to provide interpreter services. Should a member choose to arrange their own interpreter, the Plan expressly discourages the use of friends or family members.
- ⁵³Health Plan assists with arranging for all lines of business and discourages using family/friends/children
- ⁵⁴Members are not responsible for arranging interpreter services, however, we do discourage the use of family members and friends as interpreters
- ⁵⁵Providers select the evaluation process that best suits their needs.
- ⁵⁶The Plan contracts with vendors for sign language interpretation services and receive reports from the vendors on the proficiency of the contracted staff.

⁵⁷Hire agency staff.

Section IV. Non-English Printed Materials

Q1. Are member-informing documents provided to limited English proficient (LEP) members in Plan's threshold

languages ir	the	Member	Handbook/Evide	ence of Coverage?

languages in the Member	TIATIODOONEY	riderice of Oc		ne of Busine	SS		
				Commercial			
Health Plan Name	Armenian	Russian	Spanish	Chinese	Other	Not Reported	Not Applicable
COMMERCIAL PLANS							
Aetna			×		X ¹		
Blue Cross			X ²				
Blue Shield			×				
CIGNA						×	
Health Net			×				
Kaiser			×				
PacifiCare			×				
Universal Care Western Health			×				
Advantage							×
LOCAL							
INITIATIVES							
Alameda			×	×			
Care 1st							
Community Health Plan	×	×	×	×			
Contra Costa Health Plan			×				
Health Plan of San Joaquin							
Inland Empire Health Plan							
Kern Family Health Care							
L.A.Care							
Molina Healthcare							
San Francisco							
Health Plan							
Santa Clara Family Health Plan							

Q1. Are member-informing documents provided to limited English proficient (LEP) members in Plan's threshold languages in the Member Handbook/Evidence of Coverage?

	Line of Business										
	Medi-Cal Medi-Cal										
Health Plan Name	Armenian	Farsi	Hmong	Khmer	Korean	Russian	Spanish	Chinese	Vietnamese		
COMMERCIAL PLANS											
Aetna											
Blue Cross	×	×	×	×	×	×	×	×	×		
Blue Shield											
CIGNA											
Health Net	×		×	×		×	×	×	×		
Kaiser							×				
PacifiCare											
Universal Care							×				
Western Health											
Advantage			×			×	×	×	×		
LOCAL INITIATIVES											
Alameda							×	×	×		
Care 1st	×			×		×	×	×	×		
Community Health Plan	×			×		×	×	×	×		
Contra Costa Health Plan							×				
Health Plan of San Joaquin			×				×		×		
Inland Empire Health Plan							×				
Kern Family											
Health Care							×				
L.A.Care	×			×		×	×	×	×		
Healthcare			×			×	×	×	×		
San Francisco						×	•	v	,		
Health Plan						^	×	×	×		
Santa Clara											
Family Health Plan							×		×		

Q1. Are member-informing documents provided to limited English proficient (LEP) members in Plan's threshold languages in the Member Handbook/Evidence of Coverage?

				L	ine of Busii	ness			
					ealthy Fam				
Health Plan Name	Armenian	Farsi	Hmong	Khmer	Korean	Russian	Spanish	Chinese	Vietnamese
COMMERCIAL PLANS									
Aetna									
Blue Cross	×	×	×	×	×	×	×	×	×
Blue Shield					×		×		
CIGNA									
Health Net							×	×	
Kaiser							×		
PacifiCare									
Universal Care							×		
Western Health									
Advantage									
LOCAL									
INITIATIVES									
Alameda							×	×	
Care 1st							×		
Community									
Health Plan							×	×	
Contra Costa							×		
Health Plan							^		
Health Plan of San Joaquin			×				×		×
Inland Empire									
Health Plan							×		
Kern Family									
Health Care							×		
L.A.Care							×		
Healthcare							×		
San Francisco		_							
Health Plan							×	×	
Santa Clara									
Family Health							.		
Plan							×		×

Q1. Are member-informing documents provided to limited English proficient (LEP) members in Plan's threshold languages in the Member Handbook/Evidence of Coverage?

	<u>L</u> i	nes of Busine Medicare	ss
Health Plan Name	Spanish	Other	Not Applicable
COMMERCIAL PLANS			
Aetna	×	X ¹	
Blue Cross	X ²		
Blue Shield	×		
CIGNA			
Health Net	×		
Kaiser			×
PacifiCare			×
Universal Care	×		
Western Health Advantage			×
LOCAL INITIATIVES			
Alameda			
Care 1st			
Community Health Plan			
Contra Costa Health Plan	×		
Health Plan of San Joaquin			
Inland Empire Health Plan			
Kern Family Health Care			
L.A.Care			
Molina Healthcare			
San Francisco Health Plan			
Santa Clara Family Health Plan			

Q1. Are member-informing documents provided to limited English proficient (LEP) members in Plan's threshold languages in the Member Newsletter?

	Line of Business Commercial							
Health Plan Name	Spanish	Chinese	Vietnamese	Not Reported	Not Applicable			
COMMERCIAL PLANS								
Aetna				×				
Blue Cross					×			
Blue Shield	×							
CIGNA	×							
Health Net					×			
Kaiser	×							
PacifiCare				×				
Universal Care					×			
Western Health Advantage					×			
LOCAL INITIATIVES								
Alameda	×	×	×					
Care 1st								
Community Health Plan	×							
Contra Costa Health Plan	×							
Health Plan of San Joaquin								
Inland Empire Health Plan								
Kern Family Health Care								
L.A.Care								
Molina Healthcare								
San Francisco Health Plan								
Santa Clara Family Health Plan								

Q1. Are member-informing documents provided to limited English proficient (LEP) members in Plan's threshold languages in the Member Newsletter?

		Line of Business									
	Medi-Cal Medi-Cal										
Health Plan Name	Armenian	Hmong	Khmer	Russian	Spanish	Chinese	Vietnamese	Not Applicable			
COMMERCIAL PLANS											
Aetna											
Blue Cross	×		×	×	×	×	×				
Blue Shield											
CIGNA											
Health Net					×						
Kaiser					×						
PacifiCare											
Universal Care					×						
Western Health											
Advantage								×			
LOCAL											
INITIATIVES											
Alameda					×	×	×				
Care 1st					×						
Community Health Plan	×		×	×	×	×	×				
Contra Costa											
Health Plan					×						
Health Plan of San											
Joaquin					×						
Inland Empire					~						
Health Plan					×						
Kern Family Health					×						
Care	×		×	×	×	×	×				
L.A.Care	^	~									
Molina Healthcare		×		×	×	×	×				
San Francisco				×	×	×	×				
Health Plan				^	^	^	^				
Santa Clara Family Health Plan					×		×				

Q1. Are member-informing documents provided to limited English proficient (LEP) members in Plan's threshold languages in the Member Newsletter?

	Line of Business										
	Healthy Families										
Health Plan Name	Armenian	Farsi	Khmer	Russian	Spanish	Chinese	Vietnamese	Not Applicable			
COMMERCIAL PLANS											
Aetna											
Blue Cross	×		×	×	×	×	×				
Blue Shield					×						
CIGNA											
Health Net								×			
Kaiser					×						
PacifiCare											
Universal Care					×						
Western Health Advantage											
LOCAL INITIATIVES											
Alameda					×	×	×				
Care 1st					×						
Community Health Plan					×	×					
Contra Costa Health Plan					×						
Health Plan of San Joaquin					×						
Inland Empire Health Plan					×						
Kern Family Health											
Care					×						
L.A.Care					×						
Molina Healthcare				×	×	×	×				
San Francisco Health Plan				×	×	×	×				
Santa Clara Family Health Plan					×		×				

Q1. Are member-informing documents provided to limited English proficient (LEP) members in Plan's threshold languages in the Member Newsletter?

	Line of Business Medicare					
Health Plan Name	Spanish	Not Reported	Not Applicable			
COMMERCIAL PLANS						
Aetna		×				
Blue Cross			×			
Blue Shield			×			
CIGNA						
Health Net			×			
Kaiser	×					
PacifiCare		×				
Universal Care			×			
Western Health Advantage			×			
LOCAL INITIATIVES						
Alameda						
Care 1st						
Community Health Plan						
Contra Costa Health Plan	×					
Health Plan of San Joaquin						
Inland Empire Health Plan						
Kern Family Health Care						
L.A.Care						
Molina Healthcare						
San Francisco Health Plan						
Santa Clara Family Health Plan						

Q1. Are member-informing documents provided to limited English proficient (LEP) members in Plan's threshold languages in the Member Satisfaction Survey?

	Line of Business								
			Com	mercial					
Health Plan Name	Russian	Spanish	Chinese	Vietnamese	Not Reported	Not Applicable			
COMMERCIAL PLANS									
Aetna		×							
Blue Cross						×			
Blue Shield					×				
CIGNA					×				
Health Net						×			
Kaiser		×	×						
PacifiCare					×				
Universal Care		×							
Western Health Advantage						×			
LOCAL INITIATIVES									
Alameda		×	×	×					
Care 1st									
Community Health Plan	×	×	×	×					
Contra Costa Health Plan		×							
Health Plan of San Joaquin									
Inland Empire Health Plan									
Kern Family Health Care									
L.A.Care									
Molina Healthcare									
San Francisco Health Plan									
Santa Clara Family Health Plan									

Q1. Are member-informing documents provided to limited English proficient (LEP) members in Plan's threshold languages in the Member Satisfaction Survey?

		Line of Business Medi-Cal								
Health Plan Name						viedi-Cai				
Tiodal Figure 1	Armenian	Farsi	Hmong	Khmer	Russian	Spanish	Chinese	Vietnamese	Other	Other Languages
COMMERCIAL PLANS										
Aetna										
Blue Cross	×	×	×	×	×	×	×	×		×
Blue Shield										
CIGNA										
Health Net	×		×	×	×	×	×	×		
Kaiser						×	×			
PacifiCare										
Universal Care						×				
Western Health										
Advantage					\mathbf{x}^3	x ³				
LOCAL										
INITIATIVES										
Alameda						×	×	×		
Care 1st						×				
Community										
Health Plan	×			×	×	×	×	×		
Contra Costa										
Health Plan						×				
Health Plan of										
San Joaquin									×	
Inland Empire										
Health Plan						×				
Kern Family										
Health Care					1	×				
L.A.Care	×			×	×	×	×	×		
Healthcare						\mathbf{x}^4				
San Francisco										
Health Plan					×	×	×	×		
Santa Clara										
Family Health										
Plan						×		×		

Q1. Are member-informing documents provided to limited English proficient (LEP) members in Plan's threshold languages in the Member Satisfaction Survey?

	Line of Business										
	Healthy Families										
Health Plan Name	Armenian	Korean	Russian	Spanish	Chinese	Vietnamese	Other	Not Reported			
COMMERCIAL PLANS											
Aetna											
Blue Cross							X 5				
Blue Shield								×			
CIGNA											
Health Net		×		×	×	×					
Kaiser				×	×						
PacifiCare											
Universal Care				×							
Western Health											
Advantage											
LOCAL INITIATIVES											
Alameda				×	×	×					
Care 1st				×							
Community Health Plan	×		×	×	×	×					
Contra Costa Health Plan				×							
Health Plan of San Joaquin							×				
Inland Empire Health Plan				×							
Kern Family Health				×							
L.A.Care				×	×						
Molina Healthcare				× 4							
San Francisco Health Plan			×	×	×	×					
Santa Clara Family Health Plan				×		×					

Q1. Are member-informing documents provided to limited English proficient (LEP) members in Plan's threshold languages in the Member Satisfaction Survey?

	Line of Business Medicare						
Health Plan Name	Spanish	Chinese	Not Reported	Not Applicable			
COMMERCIAL PLANS							
Aetna	×						
Blue Cross				×			
Blue Shield			×				
CIGNA							
Health Net	×						
Kaiser	×	×					
PacifiCare			×				
Universal Care	X 6						
Western Health Advantage				×			
LOCAL INITIATIVES							
Alameda							
Care 1st							
Community Health Plan							
Contra Costa Health Plan	×						
Health Plan of San Joaquin							
Inland Empire Health Plan							
Kern Family Health Care							
L.A.Care							
Molina Healthcare							
San Francisco Health Plan							
Santa Clara Family Health Plan							

Q1. Are member-informing documents provided to limited English proficient (LEP) members in Plan's threshold languages in the Grievance/Complaint process materials?

				Line of Busin	ess					
	Commercial									
Health Plan Name	Armenian	Spanish	Chinese	Vietnamese	Other	Not Reported	Not Applicable			
COMMERCIAL PLANS										
Aetna		×			X ⁷					
Blue Cross					X 8					
Blue Shield		×								
CIGNA		×								
Health Net							×			
Kaiser		×								
PacifiCare						×				
Universal Care		×								
Western Health Advantage							×			
LOCAL INITIATIVES										
Alameda		×	×	×						
Care 1st										
Community Health Plan	×	×	×							
Contra Costa Health Plan		×								
Health Plan of San Joaquin										
Inland Empire Health Plan										
Kern Family Health Care										
L.A.Care										
Molina Healthcare San Francisco Health Plan										
Santa Clara Family Health Plan										

Q1. Are member-informing documents provided to limited English proficient (LEP) members in Plan's threshold languages in the Grievance/Complaint process materials?

	Line of Business									
						edi-Cal				
Health Plan Name	Armenian	Farsi	Hmong	Khmer	Korean	Russian	Spanish	Chinese	Vietnamese	Other
COMMERCIAL PLANS										
Aetna										
Blue Cross										X 8
Blue Shield										
CIGNA										
Health Net	×		×	×		×	×	×	×	
Kaiser							×			
PacifiCare										
Universal Care							×			
Western Health	× 9	× 9	x ⁹	× 9	× 9	× 9	× 9	× ⁹	× 9	
Advantage LOCAL INITIATIVES						•		•		
Alameda							×	×	×	
Care 1st							×			
Community Health Plan	×			×		×	×	×	×	
Contra Costa Health Plan							×			
Health Plan of San Joaquin							×			
Inland Empire Health Plan							×			
Kern Family										
Health Care							×			
L.A.Care	×			×		×	×	×	×	
Healthcare			×			×	×	×	×	
San Francisco										
Health Plan						×	×	×	×	
Santa Clara										
Family Health							×		×	
Plan							_ ^		^	

Q1. Are member-informing documents provided to limited English proficient (LEP) members in Plan's threshold languages in the Grievance/Complaint process materials?

	Line of Business								
			Healthy	Families					
Health Plan Name	Korean	Russian	Spanish	Chinese	Vietnamese	Other			
COMMERCIAL PLANS									
Aetna									
Blue Cross						× ⁸			
Blue Shield	×		×						
CIGNA									
Health Net			×	×					
Kaiser			×						
PacifiCare									
Universal Care			×						
Western Health Advantage									
LOCAL INITIATIVES									
Alameda			×	×	×				
Care 1st			×						
Community Health Plan			×	×					
Contra Costa Health Plan			×						
Health Plan of San Joaquin			×						
Inland Empire Health Plan			×						
Kern Family Health Care			×						
L.A.Care			×						
Molina Healthcare			×						
San Francisco Health Plan		×	×	×	×				
Santa Clara Family Health Plan			×		×				

Q1. Are member-informing documents provided to limited English proficient (LEP) members in Plan's threshold languages in the Grievance/Complaint process materials?

	Line of Business Medicare							
Health Plan Name	Spanish	Other	Not Reported	Not Applicable				
COMMERCIAL PLANS								
Aetna	×	X ⁷						
Blue Cross		X 8						
Blue Shield	×							
CIGNA								
Health Net				×				
Kaiser				×				
PacifiCare			×					
Universal Care	×							
Western Health Advantage				×				
LOCAL INITIATIVES								
Alameda								
Care 1st								
Community Health Plan								
Contra Costa Health Plan	×							
Health Plan of San Joaquin								
Inland Empire Health Plan								
Kern Family Health Care								
L.A.Care								
Molina Healthcare								
San Francisco Health Plan								
Santa Clara Family Health Plan								

Q1. Are member-informing documents provided to limited English proficient (LEP) members in Plan's threshold languages in the Welcome letter?

	Line of Business Commercial							
Health Plan Name	Russian	Spanish	Chinese	Not Applicable				
COMMERCIAL PLANS								
Aetna		×						
Blue Cross								
Blue Shield		×						
CIGNA								
Health Net								
Kaiser		×	×					
PacifiCare								
Universal Care		×						
Western Health Advantage				×				
LOCAL INITIATIVES								
Alameda		×	×					
Care 1st								
Community Health Plan	×	×	×					
Contra Costa Health Plan		×						
Health Plan of San Joaquin								
Inland Empire Health Plan								
Kern Family Health Care								
L.A.Care								
Molina Healthcare								
San Francisco Health Plan								
Santa Clara Family Health Plan								

Q1. Are member-informing documents provided to limited English proficient (LEP) members in Plan's threshold languages in the Welcome letter?

	Line of Business Medi-Cal									
Health Plan Name	Armenian	Hmong	Khmer	Russian	Spanish	Chinese	Vietnamese	Other		
COMMERCIAL PLANS										
Aetna										
Blue Cross								X ¹⁰		
Blue Shield										
CIGNA										
Health Net										
Kaiser					×	×				
PacifiCare										
Universal Care					×					
Western Health										
Advantage		×		×	×		×	×		
LOCAL INITIATIVES										
Alameda					×	×	×			
Care 1st	×		×	×	×	×	×			
Community Health Plan	×		×	×	×	×	×			
Contra Costa Health Plan					×					
Health Plan of San Joaquin					×					
Inland Empire Health Plan					×					
Kern Family Health Care					×					
L.A.Care	×		×	×	×	×	×			
Molina Healthcare		×		×	×	×	×			
San Francisco Health Plan				×	×	×	×			
Santa Clara Family Health Plan					×		×			

Q1. Are member-informing documents provided to limited English proficient (LEP) members in Plan's threshold languages in the Welcome letter?

	Line of Business Healthy Families									
Health Plan Name	Russian	Spanish	Chinese	Vietnamese	Other					
COMMERCIAL PLANS										
Aetna										
Blue Cross					x ¹⁰					
Blue Shield		×								
CIGNA										
Health Net										
Kaiser		×	×							
PacifiCare										
Universal Care		×								
Western Health Advantage										
LOCAL INITIATIVES										
Alameda		×	×							
Care 1st		×								
Community Health Plan		×	×							
Contra Costa Health Plan		×								
Health Plan of San Joaquin		×								
Inland Empire Health Plan		×								
Kern Family Health Care		×								
L.A.Care		×								
Molina Healthcare		×								
San Francisco Health Plan	×	×	×	×						
Santa Clara Family Health Plan		×		×						

Q1. Are member-informing documents provided to limited English proficient (LEP) members in Plan's threshold languages in the Welcome letter?

	Line of Business Medicare						
Health Plan Name	Spanish	Chinese	Not Applicable				
COMMERCIAL PLANS							
Aetna	×						
Blue Cross							
Blue Shield	×						
CIGNA							
Health Net							
Kaiser	×	×					
PacifiCare							
Universal Care	×						
Western Health Advantage			×				
LOCAL INITIATIVES							
Alameda							
Care 1st							
Community Health Plan							
Contra Costa Health Plan	×						
Health Plan of San Joaquin							
Inland Empire Health Plan							
Kern Family Health Care							
L.A.Care							
Molina Healthcare							
San Francisco Health Plan							
Santa Clara Family Health							
Plan							

Q1. Are member-informing documents provided to limited English proficient members in Plan's threshold languages in the Preventive Health Care Reminders?

	Line of Business									
			Commercial							
Health Plan Name	Spanish	Chinese	Vietnamese	Not Reported	Not Applicable					
COMMERCIAL PLANS										
Aetna	×									
Blue Cross	X ¹¹									
Blue Shield	×									
CIGNA	×									
Health Net	×									
Kaiser	×	×								
PacifiCare				×						
Universal Care	×									
Western Health Advantage					×					
LOCAL INITIATIVES										
Alameda	×	×	×							
Care 1st										
Community Health Plan				×						
Contra Costa Health Plan	×									
Health Plan of San Joaquin										
Inland Empire Health Plan										
Kern Family Health Care										
L.A.Care										
Molina Healthcare										
San Francisco Health Plan										
Santa Clara Family Health Plan										

Q1. Are member-informing documents provided to limited English proficient (LEP) members in Plan's threshold languages in the Preventive Health Care Reminders?

	Line of Business									
					Medi-C					
Health Plan Name	Armenian	Hmong	Khmer	Russian	Spanish	Chinese	Vietnamese	Not Reported	Not Applicable	
COMMERCIAL PLANS										
Aetna										
Blue Cross									×	
Blue Shield										
CIGNA										
Health Net					×					
Kaiser					×	×				
PacifiCare										
Universal Care					×					
Western Health Advantage									×	
LOCAL INITIATIVES										
Alameda					×	×	×			
Care 1st					×					
Community										
Health Plan								×		
Contra Costa					×					
Health Plan Health Plan of					^					
San Joaquin					×		×			
Inland Empire										
Health Plan					×					
Kern Family										
Health Care					×					
L.A.Care	X ¹²		X ¹²	X ¹²	X 12	X ¹²	X ¹²			
Healthcare		×		×	×	×	×			
San Francisco										
Health Plan				×	×	×	×			
Santa Clara										
Family Health					×		×			
Plan					^		^	l		

Q1. Are member-informing documents provided to limited English proficient (LEP) members in Plan's threshold languages in the Preventive Health Care Reminders?

	Line of Business									
		1		Healthy Fa						
Health Plan Name	Hmong	Russian	Spanish	Chinese	Vietnamese	Not Reported	Not Applicable			
COMMERCIAL PLANS										
Aetna										
Blue Cross							×			
Blue Shield			×							
CIGNA										
Health Net			×							
Kaiser			×	×						
PacifiCare										
Universal Care			×							
Western Health										
Advantage										
LOCAL										
INITIATIVES										
Alameda			×	×	×					
Care 1st			×							
Community Health Plan						×				
Contra Costa										
Health Plan			×							
Health Plan of San			×		×					
Joaquin Inland Empire			**		~					
Health Plan			×							
Care			×							
L.A.Care			×							
Molina Healthcare	×	×	×	×	×					
San Francisco										
Health Plan		×	×	×	×					
Santa Clara Family										
Health Plan			×		×					

Q1. Are member-informing documents provided to limited English proficient (LEP) members in Plan's threshold languages in the Preventive Health Care Reminders?

	Line of Business Medicare							
Health Plan Name	Spanish	Chinese	Not Reported	Not Applicable				
COMMERCIAL PLANS								
Aetna	×							
Blue Cross	X 11							
Blue Shield	×							
CIGNA								
Health Net	×							
Kaiser	×	×						
PacifiCare			×					
Universal Care	×							
Western Health Advantage				×				
LOCAL INITIATIVES								
Alameda								
Care 1st								
Community Health Plan								
Contra Costa Health Plan	×							
Health Plan of San Joaquin								
Inland Empire Health Plan								
Kern Family Health Care								
L.A.Care								
Molina Healthcare								
San Francisco Health Plan								
Santa Clara Family Health Plan								

Q1. Are member-informing documents provided to limited English proficient (LEP) members in Plan's threshold languages in Other?

	L	ine of Busines	SS
Health Plan Name	Spanish	Chinese	Vietnamese
COMMERCIAL PLANS			
Aetna			
Blue Cross			
Blue Shield			
CIGNA	X ¹³		
Health Net			
Kaiser			
PacifiCare			
Universal Care			
Western Health Advantage			
LOCAL INITIATIVES			
Alameda	× ¹⁴	× ¹⁴	× ¹⁴
Care 1st			
Community Health Plan			
Contra Costa Health Plan			
Health Plan of San Joaquin			
Inland Empire Health Plan			
Kern Family Health Care			
L.A.Care			
Molina Healthcare			
San Francisco Health Plan			
Santa Clara Family Health Plan			

Q1. Are member-informing documents provided to limited English proficient (LEP) members in Plan's threshold languages in Other?

				Li	ine of Busi	ness			
					Medi-Cal				
Health Plan Name	Armenian	Farsi	Hmong	Khmer	Korean	Russian	Spanish	Chinese	Vietnamese
COMMERCIAL PLANS									
Aetna									
Blue Cross	X ¹⁵	X ¹⁵	× ¹⁵	X ¹⁵	X ¹⁵	× 15	X 15	× 15	X 15
Blue Shield									
CIGNA									
Health Net									
Kaiser									
PacifiCare									
Universal Care									
Western Health									
Advantage									
LOCAL									
INITIATIVES									
Alameda							× ¹⁴	× ¹⁴	× ¹⁴
Care 1st									
Community									
Health Plan									
Contra Costa									
Health Plan									
Health Plan of			X 16				× ¹⁶		× ¹⁶
San Joaquin			X 10				X 10		X 10
Inland Empire Health Plan									
Kern Family									
Health Care							× 17		
L.A.Care									
Healthcare San Francisco									
Health Plan									
Santa Clara									
Family Health									
Plan							×		×

Q1. Are member-informing documents provided to limited English proficient (LEP) members in Plan's threshold languages in Other?

	Line of Business									
					ealthv Fan					
Health Plan Name	Armenian	Farsi	Hmong	Khmer	Korean	Russian	Spanish	Chinese	Vietnamese	
COMMERCIAL PLANS										
Aetna										
Blue Cross	× ¹⁵	× ¹⁵	× ¹⁵	X ¹⁵	× ¹⁵	× ¹⁵	× ¹⁵	X ¹⁵	X ¹⁵	
Blue Shield										
CIGNA										
Health Net										
Kaiser										
PacifiCare										
Universal Care										
Western Health										
Advantage										
LOCAL										
INITIATIVES										
Alameda							X ¹⁴	× ¹⁴	X ¹⁴	
Care 1st										
Community Health										
Plan										
Contra Costa										
Health Plan										
Health Plan of San			× ¹⁶				× ¹⁶		X 16	
Joaquin Inland Empire			•				•		•	
Health Plan										
Kern Family Health										
Care							X ¹⁷			
L.A.Care										
Molina Healthcare										
San Francisco										
Health Plan										
Santa Clara Family							×		×	
Health Plan]				^		^	

Q2. Are members informed that member materials are available in specific languages: Upon member request only? Upon enrollment? Other?

	Line of Business								
		Commercial	2.110 01	<u> </u>	Medi-Cal				
Health Plan Name	Upon member request	Upon enrollment	Other	Upon member request	Upon enrollment	Other			
COMMERCIAL PLANS									
Aetna		×							
Blue Cross	X 18	× 19			×				
Blue Shield	×	×							
CIGNA	×	×							
Health Net			× ²⁰			× ²⁰			
Kaiser		×	X 21		×	X ²¹			
PacifiCare	×								
Universal Care	×	×		×	×				
Western Health									
Advantage					×				
LOCAL INITIATIVES									
		×	X 22		×	X ²²			
Alameda					×	X ²³			
Care 1st					^	X -3			
Community Health Plan		×			×				
Contra Costa									
Health Plan		×			×				
Health Plan of									
San Joaquin					×				
Inland Empire						× ²⁴			
Health Plan					×	X 27			
Kern Family Health Care					×				
L.A.Care					×				
E./ N.Oale									
Molina Healthcare					×	× ²⁵			
San Francisco									
Health Plan					×				
Santa Clara									
Family Health Plan					×	× ²⁶			
ı ıalı					.,,	• •			

Q2. Are members informed that member materials are available in specific languages: Upon member request only? Upon enrollment? Other?

	Line of Business								
	Н	ealthy Famili			Medicare				
Health Plan Name	Upon member request	Upon enrollment	Other	Upon member request	Upon enrollment	Other			
COMMERCIAL PLANS									
Aetna					×				
Blue Cross		×			×				
Blue Shield	×	×		×	×				
CIGNA									
Health Net			X ²⁰			X ²⁰			
Kaiser		×	X ²¹		×	X ²¹			
PacifiCare									
Universal Care	×	×		×	×				
Western Health									
Advantage									
LOCAL									
INITIATIVES			** 22						
Alameda		×	X ²²						
Care 1st		×	× ²³						
Community		×							
Health Plan Contra Costa									
Health Plan		×			×				
Health Plan of									
San Joaquin		×							
Inland Empire									
Health Plan		×	× ²⁴						
Kern Family									
Health Care		×							
L.A.Care		×							
Molina Healthcare		×	× ²⁵						
San Francisco									
Health Plan		×							
Santa Clara									
Family Health			22						
Plan		×	X ²⁶						

Endnotes: Non-English Printed Materials

¹Upon request.

²For both Commercial and Medicare, printed in this language whether or not the language meets the threshold language definition.

³Phoned by MSO.

⁴CAHPS® is currently only done in English and Spanish; CAHPS® is the vendor chosen by

⁵Note: Survey conducted by outside contractor pursuant to an arrangement through MRMIB.

⁶We have just initiated Medicare contract, we only have 600 members. Systems are being put into place for Spanish.

⁷Upon request.

⁸Note: The grievance process is described in EOC's. As noted above, for Medi-Cal and Healthy Families, EOC's are provided in all threshold languages. For Commercial and Medicare, EOC's are provided in English and Spanish, whether or not Spanish is a threshold language under the definition provided.

⁹Letters can be translated by MSO.

¹⁰Note: For Medi-Cal and Healthy Families programs, the Welcome Letter is included in the EOC, which as noted previously, is printed in the threshold languages.

¹¹Note: For Commercial and Medicare, these materials are printed in Spanish whether or not Spanish meets the definition of a threshold language. ¹²Delegated responsibility for Medi-Cal.

¹³Member Rights & Responsibilities Statement; Confidentiality Statements; and Provider Directory.

¹⁴Provider Directory: Any and all materials sent to members are automatically available in threshold languages. Other languages are also provided for individualized responses to complaints & grievances. Other languages also available for other materials upon request.

¹⁵Health Education Materials and Dis-enrollment Surveys for Medi-Cal and Healthy Families programs.

16 EOC/Directory.

¹⁷Newsletters, Provider Directory, On Call Assist Directory and Healthy Families Brochure.

¹⁸Individual and small group only.

¹⁹Large Group.

²⁰Postcard mailings. Upon member request.

EOC contains information on translated materials and various sections of the Health Net web

²¹Members are informed in the member handbook, which is mailed to all new enrollees.

²²EOC; provider directory.

²³Upon Member's request.

²⁴Member materials are printed in English and Spanish.

²⁵Member newsletter.

²⁶Member informing materials state that the information provided is available in threshold languages (English, Spanish, and Vietnamese).

Section V. Bilingual Provider Directory

Provider Directory is available in:

		L	ine of Busines	SS	
			Commercial		
Health Plan Name	Armenian	Russian	Spanish	Chinese	Not Applicable
COMMERCIAL PLANS					
Aetna			×		
Blue Cross					×
Blue Shield			×		
CIGNA			×		
Health Net			×		
Kaiser			×		
PacifiCare			×		
Universal Care			×		
Western Health Advantage					×
LOCAL INITIATIVES					
Alameda			×	×	
Care 1st					
Community Health Plan	×	×	×	×	
Contra Costa Health Plan					×
Health Plan of San Joaquin					
Inland Empire Health Plan					
Kern Family Health Care					
L.A.Care					
Molina Healthcare					
San Francisco Health Plan					
Santa Clara Family Health Plan					

Provider Directory is	available in:	vailable in: Line of Business									
					Line of Bus Medi-C						
Health Plan Name					iviedi-C	al					
	Armenian	Hmong	Khmer	Russian	Spanish	Chinese	Vietnamese	Other	Not Applicable		
COMMERCIAL PLANS											
Aetna											
Blue Cross									×		
Blue Shield											
CIGNA											
Health Net	×	×	×	×	×	×	×				
Kaiser					×						
PacifiCare											
Universal Care					×						
Western Health											
Advantage		×		×	×	×	×				
LOCAL											
INITIATIVES											
Alameda					×	×	×				
Care 1st					×			×			
Community	•		••	••		•					
Health Plan	×		×	×	×	×	×				
Contra Costa Health Plan					×						
Health Plan of					•						
San Joaquin			×		×		×				
Inland Empire											
Health Plan					×						
Kern Family											
Health Care					×						
<u>L.A.Care</u>	×		×	×	×	×	×				
Healthcare					×						
San Francisco											
Health Plan				×	×	×	×				
Santa Clara											
Family Health					×		×				
Plan				<u> </u>		<u> </u>	• • • • • • • • • • • • • • • • • • • •				

Provider Directory is available in:

				Business		
		T	<u>Healthv</u>	Families		
Health Plan Name	Khmer	Spanish	Chinese	Vietnamese	Other	Not Applicable
COMMERCIAL PLANS						
Aetna						
Blue Cross						×
Blue Shield		×				
CIGNA						
Health Net		×	×			
Kaiser		×				
PacifiCare						
Universal Care		×				
Western Health Advantage						
LOCAL INITIATIVES						
Alameda		×	×			
Care 1st		×			×	
Community Health Plan		×	×			
Contra Costa Health Plan		×				
Health Plan of San Joaquin	×	×		×		
Inland Empire Health Plan		×				
Kern Family Health Care		×				
L.A.Care		×				
Molina Healthcare		×				
San Francisco Health Plan		×	×			
Santa Clara Family Health Plan		×		×		

Provider Directory is available in:

		Business icare
Health Plan Name	Spanish	Not Applicable
COMMERCIAL PLANS		
Aetna	×	
Blue Cross		×
Blue Shield	×	
CIGNA		
Health Net	×	
Kaiser	×	
PacifiCare		×
Universal Care	×	
Western Health Advantage	×	
LOCAL INITIATIVES		
Alameda		
Care 1st		
Community Health Plan		
Contra Costa Health Plan		×
Health Plan of San Joaquin		
Inland Empire Health Plan		
Kern Family Health Care		
L.A.Care		
Molina Healthcare		
San Francisco Health Plan		
Santa Clara Family Health Plan		

Q1. Does the plan offer a provider directory that specifies non-English languages spoken by the provider?

Health Dlan Name	Line of Business								
Health Plan Name	Commercial	Medi-Cal	Healthy Families	Medicare					
COMMERCIAL									
PLANS									
Aetna	×			×					
Blue Cross	×	×	×	×					
Blue Shield	×		×	×					
CIGNA	×								
Health Net		×	×	×					
Kaiser	×	×	×	×					
PacifiCare									
Universal Care	×	×	×	×					
Western Health									
Advantage		×							
LOCAL									
INITIATIVES									
Alameda	×	×	×						
Care 1st		×	×						
Community									
Health Plan	×	×	×						
Contra Costa									
Health Plan	×	×	×	×					
Health Plan of									
San Joaquin		×	×						
Inland Empire		×	×						
Health Plan		^	^						
Kern Family		×	×						
Health Care									
L.A.Care		×	×						
Molina Healthcare		x 1	x 1						
San Francisco									
Health Plan		×	×						
Santa Clara									
Family Health									
Plan		×	×						

Q2. Is your provider directory offered in the Plan's threshold languages?

Health Dlan Name	Line of Business								
Health Plan Name	Commercial	Medi-Cal	Healthy Families	Medicare					
COMMERCIAL PLANS									
Aetna	X ²			X ²					
Blue Cross									
Blue Shield	×			×					
CIGNA	N/A ³								
Health Net		×	×	×					
Kaiser	× ⁴	X ⁴	× ⁴	X ⁴					
PacifiCare									
Universal Care ⁵ Western Health		×	×	×					
Advantage		×							
LOCAL									
INITIATIVES									
Alameda	×	×	×						
Care 1st		×	×						
Community									
Health Plan		×							
Contra Costa									
Health Plan		×	×						
Health Plan of									
San Joaquin		×	×						
Inland Empire									
Health Plan		×	×						
Kern Family									
Health Care		×	×						
L.A.Care		×	×						
Molina Healthcare		×	×						
San Francisco									
Health Plan		×	×						
Santa Clara									
Family Health									
Plan		×	×						

	Line of Business									
		C	ommercia	al	Judinious		Medi-Cal			
Health Plan Name	List by request only	Posters	News- letter	EOC	Other	List by request only	Posters	News- letter	EOC	Other
COMMERCIAL PLANS										
Aetna	×									
Blue Cross	N/A					N/A				
Blue Shield					× ⁶					
CIGNA			×	×	× ⁷					
Health Net					× 8				×	× 8
Kaiser	×					×				
PacifiCare	N/A	N/A	N/A	N/A	N/A					
Universal Care	×				× 9	×				
Western Health										
Advantage									×	
LOCAL INITIATIVES										
Alameda			×	×	X ¹⁰			×	×	X ¹⁰
Care 1st									×	X ¹¹
Community Health Plan	×			×		×			×	
Contra Costa										
Health Plan									×	X ¹²
Health Plan of								•	_	
San Joaquin								×	×	
Inland Empire Health Plan										X 13
Kern Family										
Health Care								×	×	X 14
L.A.Care									×	
Molina										
Healthcare						N/A	N/A	N/A	N/A	N/A
San Francisco										15
Health Plan										× ¹⁵
Santa Clara										
Family Health Plan									×	X ¹⁶
ridii							l	<u> </u>	1 74	••

		Line of Business										
		Hea	althy Fami	lies	LIIIE OI I	Jusiliess		Medicare				
Health Plan Name	List by request only	Posters	News- letter	EOC	Other	List by request only	Posters	News- letter	EOC	Other		
COMMERCIAL PLANS												
Aetna						×						
Blue Cross	N/A					N/A						
Blue Shield					× ⁶					X 6		
CIGNA												
Health Net				×	× 8				×	× 8		
Kaiser	×					×						
PacifiCare						N/A	N/A	N/A	N/A	N/A		
Universal Care	×					×						
Western Health												
Advantage LOCAL INITIATIVES												
Alameda			×	×	X ¹⁰							
Care 1st				×	X 11							
Community												
Health Plan	×			×								
Contra Costa												
Health Plan				×								
Health Plan of San Joaquin			×	×								
Inland Empire				**								
Health Plan					X 13							
Kern Family												
Health Care			×	×	X ¹⁴							
L.A.Care				×								
Molina		N1/A	51/4									
Healthcare	N/A	N/A	N/A	N/A	N/A							
San Francisco					X 15							
Health Plan Santa Clara					~ -							
Family Health												
Plan				×	× ¹⁶							

Q4. Does the Plan assess provider language proficiency?

Blue Shield CIGNA Health Net Kaiser PacifiCare Universal Care Western Health Advantage LOCAL INITIATIVES Alameda Care 1st Community Health Plan Contra Costa Health Plan Health Plan of San Joaquin Inland Empire Health Plan Kern Family Health Care LA.Care	Health Plan Name	Providers are evaluated for language proficiency	Language proficiency is self-reported by provider	No Evaluation Process	Other
Blue Cross					
Blue Shield CIGNA Health Net Kaiser PacifiCare Universal Care Western Health Advantage LOCAL INITIATIVES Alameda Care 1st Community Health Plan Contra Costa Health Plan Health Plan of San Joaquin Inland Empire Health Care LA.Care X X X X X X X X X X X X X	Aetna		×		
CIGNA Health Net Kaiser PacifiCare Universal Care Western Health Advantage LOCAL INITIATIVES Alameda Care 1st Community Health Plan Contra Costa Health Plan Health Plan Health Plan Health Plan Kern Family Health Care LA.Care	Blue Cross		× ¹⁷		× ¹8
Health Net Kaiser PacifiCare Universal Care Western Health Advantage LOCAL INITIATIVES Alameda Care 1st Community Health Plan Contra Costa Health Plan Health Plan Health Plan Kern Family Health Care LA.Care	Blue Shield			×	
Kaiser PacifiCare Universal Care Western Health Advantage LOCAL INITIATIVES Alameda Care 1st Community Health Plan Contra Costa Health Plan Health Plan Health Plan Health Plan Kaiser	CIGNA				× ¹⁹
PacifiCare Universal Care Western Health Advantage LOCAL INITIATIVES Alameda Care 1st Community Health Plan Contra Costa Health Plan Health Plan Health Plan Health Plan Kern Family Health Care LA.Care X X X X X X X X X X X X X	Health Net			×	
PacifiCare Universal Care Western Health Advantage LOCAL INITIATIVES Alameda Care 1st Community Health Plan Contra Costa Health Plan Health Plan of San Joaquin Inland Empire Health Plan Kern Family Health Care LA.Care	Kaiser		×		
Universal Care	PacifiCare		×		
Western Health Advantage LOCAL INITIATIVES Alameda X Care 1st Community Health Plan Contra Costa Health Plan Health Plan Health Plan of San Joaquin Inland Empire Health Plan X X X X X X X X X X X X X		× ²⁰	×		X ²¹
LOCAL INITIATIVES Alameda					
INITIATIVES Alameda	Advantage		×		
Alameda					
Care 1st Community Health Plan Contra Costa Health Plan Health Plan Inland Empire Health Plan Kern Family Health Care L.A.Care	INITIATIVES	_			
Community Health Plan Contra Costa Health Plan Health Plan of San Joaquin Inland Empire Health Plan Kern Family Health Care L.A.Care	Alameda	<u> </u>	×		
Health Plan Contra Costa Health Plan Health Plan Health Plan of San Joaquin Inland Empire Health Plan Kern Family Health Care L.A.Care	Care 1st		×		
Contra Costa Health Plan Health Plan of San Joaquin Inland Empire Health Plan Kern Family Health Care L.A.Care X X X X X X X X X X X X	•				
Health Plan Health Plan of San Joaquin Inland Empire Health Plan Kern Family Health Care L.A.Care			×		
Health Plan of San Joaquin Inland Empire Health Plan Kern Family Health Care L.A.Care X X X X X X X X X X X X X			_		
San Joaquin Inland Empire Health Plan Kern Family Health Care L.A.Care X X22			^		
Inland Empire Health Plan Kern Family Health Care L.A.Care X X22		×			
Kern Family Health Care L.A.Care					
Kern Family Health Care L.A.Care		×			× ²²
L.A.Care ×					
E.71.0010	Health Care		×		
Molina Healthcare ×	L.A.Care		×		
	Molina Healthcare	_		×	
San Francisco					
Health Plan ×			×		
Santa Clara					
Family Health Plan	-		_		

Q5. Does the plan have procedures in place to monitor their non-English speaking member population and to adjust or target provider contracting accordingly?

Haald Blan Name	Line of Business									
Health Plan Name	Commercial	Medi-Cal	Healthy Families	Medicare						
COMMERCIAL										
PLANS										
Aetna	×			×						
Blue Cross	X ²³	×	×							
Blue Shield	×		×	×						
CIGNA	×									
Health Net	×	×	×	×						
Kaiser	N/A ²⁴	N/A ²⁴	N/A ²⁴	N/A ²⁴						
PacifiCare	× ²⁵			× ²⁵						
Universal Care										
Western Health										
Advantage	× ²⁶	× ²⁶		× ²⁶						
LOCAL										
INITIATIVES										
Alameda	×	×	×							
Care 1st		×	×							
Community										
Health Plan	×	×	×							
Contra Costa										
Health Plan		×	×	×						
Health Plan of										
San Joaquin		×	×							
Inland Empire										
Health Plan ²⁷										
Kern Family										
Health Care		×	×							
L.A.Care		×	×							
		•								
Molina Healthcare		×	×							
San Francisco										
Health Plan		×	×							
Santa Clara										
Family Health										
Plan		×	×							

Endnotes: Bilingual Provider Directory

- ¹Office staff and provider languages are listed together; does not differentiate languages spoken by office staff versus the practitioner.
- ²Upon request.
- ³While our provider directory is not offered in all Plan's threshold languages, it is offered in Spanish.
- ⁴We do have provider directories available in Spanish.
- ⁵Data is incomplete for commercial line of business.
- ⁶BSC Provider Directory includes a Spanish language insert in all directories.
- ⁷At Enrollment Meeting and/or at the time the member calls Member Services.
- ⁸Members receive a translated provider directory based on the information indicated on their application.
- ⁹Worksite.
- ¹⁰Provider directory is multilingual with all threshold languages in one volume.
- ¹¹A special notice that as been translated into the plan's threshold languages informing members that the material is available in their language.
- ¹²Spanish translation is in all copies
- ¹³Provider directory is printed in two sections; one English and the other Spanish.
- ¹⁴New member orientation.
- ¹⁵Provider directories are translated into predominant/threshold languages.
- ¹⁶Through telephone customer service.
- ¹⁷For Commercial.
- ¹⁸Assessment process in development for 2002 for Healthy Families and Medi-Cal.
- ¹⁹Participants are encouraged to contact the plan telephonically or through written correspondence when they are dissatisfied with the services provided. The plan then monitors, analyzes and trends all verbal and written member concerns and complaints on a monthly basis.
- ²⁰Yes, survey the providers and staff and request that they use the key provided to them (based on the Berlitz system) to rate their level of proficiency.
- ²¹Survey by plan for proficiency using a scale of 1-5; (proficiency is 3+).
- ²²Conduct language competency audits.
- ²³For large group only.
- ²⁴This question is not applicable since the Plan has only two provider contracts, one with The Permanente Medical Group and one with Southern California Permanente Medical Group.
- ²⁵Note: PacifiCare monitors the population of the county based on US Census data to determine appropriate levels of Non-English speaking providers.
- 26 (MSO has done this)
- ²⁷88% of IEHP providers speak or have a person in their office that speaks Spanish, our only threshold language. Spanish speaking offices and offices that speak other languages are identified in our Provider Directory.

Section VI. Language Barrier/Grievance Complaint Monitoring

Q1. Does the plan monitor grievances/complaints specific to language barrier problems?

Health Dlan Name	Line of Business									
Health Plan Name	Commercial	Medi-Cal	Healthy Families	Medicare						
COMMERCIAL										
PLANS										
Aetna	×			×						
Blue Cross	X 1	×	×	X 1						
Blue Shield	×		×	×						
CIGNA	×									
Health Net		×	×	×						
Kaiser	×	×	×	×						
PacifiCare	×			×						
Universal Care	×	×	×	×						
Western Health										
Advantage	×	×		×						
LOCAL										
INITIATIVES										
Alameda	×	×	×							
Care 1st		×	×							
Community										
Health Plan	×	×	×							
Contra Costa										
Health Plan	×	×	×	×						
Health Plan of		•								
San Joaquin		×	×							
Inland Empire		×	×							
Health Plan			_ ^							
Kern Family		×	×							
Health Care										
L.A.Care		×	×							
Molina Haalthaara		×	×							
Molina Healthcare San Francisco		**	***							
Health Plan		×	×							
Santa Clara			1							
Family Health										
Plan		×	×							

Q2. Are language barrier Grievance/Complaints monitored via member satisfaction surveys, provider or staff surveys and/or other?

			Line of I	Business		
		Commercia			Medi-Cal	
Health Plan Name	Member surveys	Provider or staff surveys	Other	Member surveys	Provider or staff surveys	Other
COMMERCIAL PLANS						
Aetna	×					
Blue Cross			X 1	×	×	X ²
Blue Shield						
CIGNA						
Health Net						
Kaiser						
PacifiCare						
Universal Care	×	×		×	×	
Western Health Advantage						
LOCAL INITIATIVES						
Alameda	×			×		
Care 1st				×	×	
Community Health Plan	×			×		
Contra Costa Health Plan	×			×		
Health Plan of San Joaquin				×	×	
Inland Empire Health Plan						
Kern Family Health Care						
L.A.Care				×	×	
Molina Healthcare						
San Francisco Health Plan				×	×	
Santa Clara Family Health Plan						

Q2. Are language barrier Grievance/Complaints monitored via member satisfaction surveys, provider or staff surveys and/or other?

			Line of	Business		
	Hea	althv Famil	ies		Medicare	
Health Plan Name	Member surveys	Provider or staff surveys	Other	Member surveys	Provider or staff surveys	Other
COMMERCIAL PLANS						
Aetna				×		
Blue Cross	×	×	X ²			X 1
Blue Shield						
CIGNA						
Health Net						
Kaiser						
PacifiCare						
Universal Care	×	×		×	×	
Western Health Advantage						
LOCAL INITIATIVES						
Alameda	×					
Care 1st	×	×				
Community Health Plan	×					
Contra Costa Health Plan	×			×		
Health Plan of San Joaquin	×	×				
Inland Empire Health Plan						
Kern Family Health Care						
L.A.Care	×	×				
Molina Healthcare						
San Francisco Health Plan	×	×				
Santa Clara Family Health Plan						

Q2. Are language barrier Grievances/Complaints monitored via tracking language barrier grievances/complaints or tracking general grievances/complaints?

				Line of E	Business			
	Comn	nercial	Med	i-Cal		Families	Medicare	
Health Plan Name	Tracking		Tracking		Tracking		Tracking	
ricaitiri iairivairie	language	Tracking	language	Tracking	language	Tracking	language	Tracking
	barrier	general	barrier	general	barrier	general	barrier	general complaints
COMMERCIAL	complaints							
PLANS								
Aetna	×	×					×	×
Blue Cross			×	×	×	×		
Blue Shield	×	×			×	×	×	×
	×	×						
CIGNA		×	×	×	×	×	×	×
Health Net			^		^		^	
Kaiser		×		×		×		×
PacifiCare	×	×					×	×
Universal Care	×	×	×	×	×	×	×	×
Western Health								
Advantage	×	×	×	×			×	×
LOCAL								
INITIATIVES								
Alameda	×	×	×	×	×	×		
Care 1st			×	×	×	×		
Community								
Health Plan	×	×	×	×	×	×		
Contra Costa								
Health Plan	×	×	×	×	×	×	×	×
Health Plan of								
San Joaquin			×	×	×	×		
Inland Empire								
Health Plan			×	×	×	×		
Kern Family								
Health Care			×	×	×	×		
L.A.Care			×	×	×	×		
Molina Healthcare			×	×	×	×		
San Francisco								
Health Plan			×	×	×	×		
Santa Clara								
Family Health								
Plan			×	×	×	×		

Q3. Does the plan monitor grievances/complaints specific to cultural barriers?

Haalda Dian Nama	Line of Business									
Health Plan Name	Commercial	Medi-Cal	Healthy Families	Medicare						
COMMERCIAL										
PLANS										
Aetna	×			×						
Blue Cross	X 1	×	×	X 1						
Blue Shield	×		×	×						
CIGNA	×									
Health Net		×	×	×						
Kaiser	×	×	×	×						
PacifiCare	×			×						
Universal Care	×	×	×	×						
Western Health										
Advantage	×	×		×						
LOCAL										
INITIATIVES										
Alameda	×	×	×							
Care 1st		×	×							
Community										
Health Plan	×	×	×							
Contra Costa										
Health Plan	×	×	×	×						
Health Plan of										
San Joaquin		×	×							
Inland Empire										
Health Plan		×	×							
Kern Family										
Health Care		×	×							
L.A.Care		×	×							
Molina Healthcare		×	×							
San Francisco										
Health Plan		×	×							
Santa Clara										
Family Health										
Plan		×	×							

Q4. Are cultural barrier Grievance/Complaints monitored via member satisfaction surveys, provider or staff surveys and/or other?

			Line of I	Business			
		Commercia	l .		Medi-Cal		
Health Plan Name	Member surveys	Provider or staff surveys	Other	Member surveys	Provider or staff surveys	Other	
COMMERCIAL PLANS							
Aetna							
Blue Cross			X ¹	×	×	X 3	
Blue Shield							
CIGNA							
Health Net							
Kaiser							
PacifiCare							
Universal Care	×	×		×	×		
Western Health Advantage							
LOCAL INITIATIVES							
Alameda	×			×			
Care 1st				×	×		
Community Health Plan	×			×			
Contra Costa Health Plan	×			×			
Health Plan of San Joaquin				×	×		
Inland Empire Health Plan							
Kern Family Health Care							
L.A.Care							
Molina Healthcare							
San Francisco Health Plan				×	×		
Santa Clara Family Health Plan							

Q4. Are cultural barrier Grievance/Complaints monitored via member satisfaction surveys, provider or staff surveys and/or other?

			Line of	Business		
	Hea	althy Famil			Medicare	
Health Plan Name	Member surveys	Provider or staff surveys	Other	Member surveys	Provider or staff surveys	Other
COMMERCIAL PLANS						
Aetna						
Blue Cross	×	×	X ³			X 1
Blue Shield						
CIGNA						
Health Net						
Kaiser						
PacifiCare						
Universal Care	×	×		×	×	
Western Health Advantage						
LOCAL INITIATIVES						
Alameda	×					
Care 1st	×	×				
Community Health Plan	×					
Contra Costa Health Plan	×			×		
Health Plan of San Joaquin	×	×				
Inland Empire Health Plan						
Kern Family Health Care						
L.A.Care						
Molina Healthcare						
San Francisco Health Plan	×	×				
Santa Clara Family Health Plan						

Q4. Are cultural barrier Grievances/Complaints monitored via tracking language barrier grievances/complaints or tracking general grievances/complaints?

		Line of Business									
	Comn	nercial	Med	i-Cal	Healthy	Families	Medicare				
Health Plan Name	Tracking		Tracking		Tracking		Tracking				
Tioutili iun iunio	cultural	Tracking	cultural	Tracking	cultural	Tracking	cultural	Tracking			
	barrier complaints	general	barrier complaints	general	barrier complaints	general	barrier	general			
COMMERCIAL	Complaints	Complaints	Complaints	Complaints	complaints	Complaints	Complaints	Complaints			
PLANS											
Aetna	×	×					×	×			
Blue Cross			×	×	×	×					
Blue Shield	×	×			×	×	×	×			
CIGNA	×	×									
Health Net			×	×	×	×	×	×			
Kaiser		×		×		×		×			
PacifiCare	×	×					×	×			
Universal Care	×	×	×	×	×	×	×	×			
Western Health											
Advantage	×	×	×	×			×	×			
LOCAL											
INITIATIVES											
Alameda	×	×	×	×	×	×					
Care 1st			×	×	×	×					
Community											
Health Plan	×	×	×	×	×	×					
Contra Costa											
Health Plan	×	×	×	×	×	×	×	×			
Health Plan of											
San Joaquin			×	×	×	×					
Inland Empire											
Health Plan			×	×	×	×					
Kern Family											
Health Care			×	×	×	×					
L.A.Care			×		×						
Molina Healthcare			×	×	×	×					
San Francisco											
Health Plan			×	×	×	×					

Q5. How are members informed in threshold languages about how to file a grievance/complaint?

	Line of Business									
		Comn	nercial			Med	i-Cal			
Health Plan Name	Posters	News- letter	EOC	Other	Posters	News- letter	EOC	Other		
COMMERCIAL PLANS										
Aetna			×	× ⁴						
Blue Cross			× ⁵				×			
Blue Shield		×	×	X 6						
CIGNA				×						
Health Net		x ⁷		× 8		× ⁷	×	× 8		
Kaiser			×	× ⁹			×	× ⁹		
PacifiCare			×	x 10						
Universal Care			×				×			
Western Health										
Advantage					×		×			
LOCAL INITIATIVES										
Alameda		×	×	× 11		×	×	× 11		
Care 1st							×	X 12		
Community Health Plan	×		×		×		×			
Contra Costa	**				1		**			
Health Plan		×	×			×	×			
Health Plan of										
San Joaquin						×	×			
Inland Empire Health Plan						×	×	× 13		
Kern Family										
Health Care						×	×	X 14		
L.A.Care						×	×			
Molina Healthcare					×		×			
San Francisco						×	×	X 15		
Health Plan Santa Clara						**				
Family Health										
Plan						×	×	X 16		

Q5. How are members informed in threshold languages about how to file a grievance/complaint?

	Line of Business							
Health Plan Name	Healthy Families				Medicare			
	Posters	News-	EOC	Other	Posters	News-	EOC	Other
COMMERCIAL PLANS								
Aetna							×	× ⁴
Blue Cross			×				× ⁵	
Blue Shield		×	×	× 6		×	×	X 6
CIGNA								
Health Net			×	× 8			×	× 8
Kaiser			×	× 9			×	× 9
PacifiCare							×	x 10
Universal Care			×				×	
Western Health								
Advantage								
LOCAL INITIATIVES								
Alameda		×	×	X 11				
Care 1st			×	× ¹²				
Community Health Plan	×		×					
Contra Costa Health Plan		×	×			×	×	
Health Plan of San Joaquin		×	×					
Inland Empire Health Plan		×	×	× ¹³				
Kern Family Health Care		×	×	× 14				
L.A.Care		×	×					
Molina Healthcare	×		×					
San Francisco Health Plan		×	×	× ¹⁵				
Santa Clara Family Health Plan		×	×	× ¹⁶				

Endnotes: Language Barrier/Grievance Complaint Monitoring

¹Note: For Commercial and Medicare, while BBC does not actively monitor grievances/complaints specific to language and/or cultural barriers problems, BCC does have the ability to sort grievances/complaints to pull such data, if needed. BCC does monitor the frequency of Commercial HMO members' requests to change medical groups due to cultural or linguistic reasons.

²Dis-enrollment Surveys for Medi-cal and Healthy Families.

³Provider and staff training and evaluations for Medi-Cal and Healthy Families.

⁴Member Services.

⁵Note: As noted previously, EOC's for Commercial and Medicare are printed and available in Spanish whether or not Spanish is a threshold language under the definition provided.

⁶The Plan's member denial letters and EOCs contain information about the Plan's grievance process and include the Plan's Member Services toll-free number.

⁷Note: the member newsletter is only published in Spanish for Medi-Cal and some commercial plans.

⁸Any member may call member services and file a grievance. All members are informed that member services can assist them with a wide range of issues including grievances.

⁹The Plan's Member Service Call Centers (Spanish and Chinese)

¹⁰Via telephone interactions with bilingual Member Service staff or through telephone language line

¹¹Flyers

¹²A special notice form informing members of their right to file a compliant/grievance if their cultural and linguistics needs are not met.

¹³Through member service calls

¹⁴New member orientation.

¹⁵Informing language in threshold languages sent with grievance letters.

¹⁶Grievance letters and correspondence detail the steps involved in the grievance process.